

Public Health Nurse Quarterly

JULY, 1918

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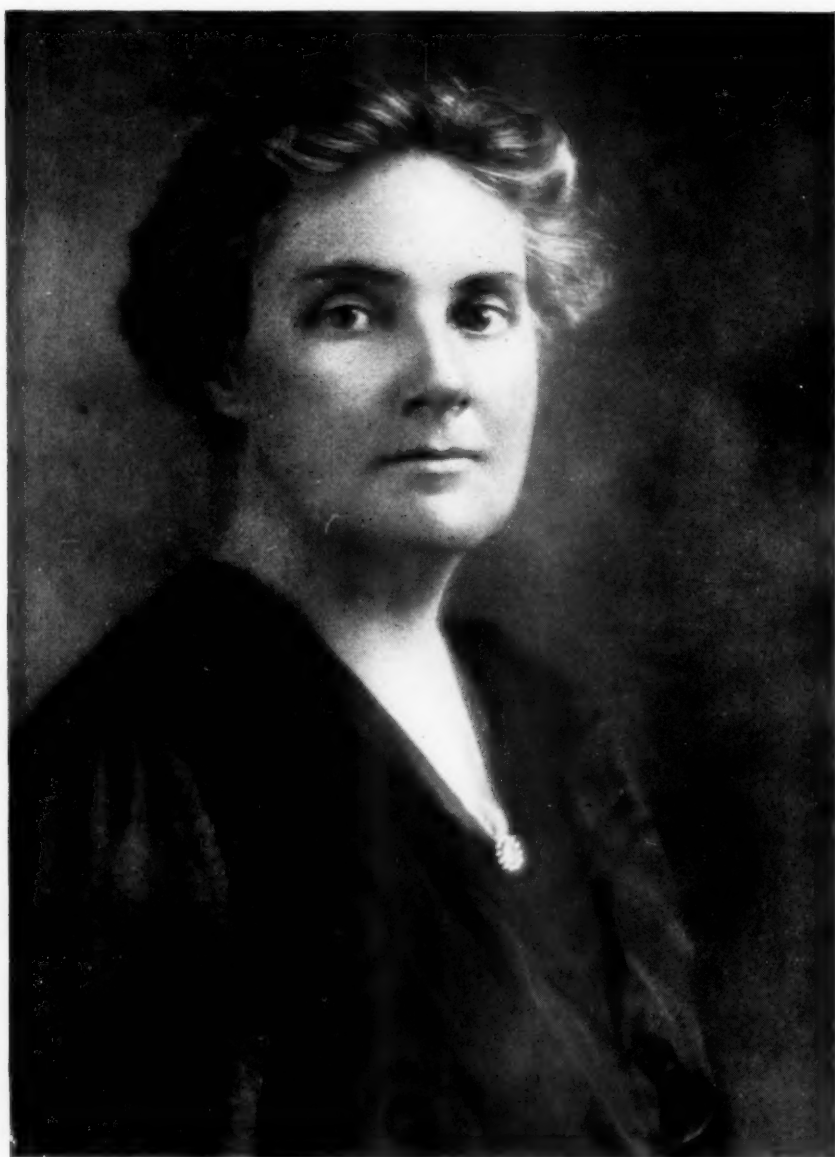
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Attention to this request will prevent delay in replies and acknowledgments.



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MARY S. GARDNER
Director of Nursing Division, Red Cross Commission to Italy

The Public Health Nurse Quarterly

VOL. X

JULY, 1918

No. 3



EDITORIALS

THE SPIRIT OF THE SIXTH ANNUAL CONVENTION

It is six years since the first meeting of the National Organization for Public Health Nursing drew us together in Chicago, and it is twenty years since American nurses first felt the need of coming together at an annual meeting.

It was after serious consideration that we decided to spend time and money to hold a convention this year and we unconsciously weighed the gain and counted the cost each day as the week passed by.

Our everyday responsibilities have been enlarged and illuminated and made to stand out clearly in the light poured upon them by the great world crisis. This is true in a spiritual sense of all life today. It has a very practical application to all public health work.

The homes which public health nurses are taught to protect are in great and unusual danger because the head of the family has gone away, leaving the mother anxious and apprehensive. In their unrest mothers are tempted to seek occupation and unusual wages offered by the industry whose men have been taken away for work in the government

ship yards or munition factories. Juvenile delinquency has increased and will increase.

The coming together of great groups of men in the cantonments makes danger from communicable disease very much greater than ever before. The public schools and the homes need protection more than ever from this danger.

Now more than at any other time of our history it is necessary to protect the lives of the coming generation of Americans and now more than ever before the American public is aroused to save the young children who die unnecessarily from our neglect.

"We have never had so large an opening meeting," Miss Crandall said when Tuesday morning was over. Certainly we never before had a convention so serious, so open-minded and so pervaded with the spirit of unity.

If we are to protect the helpless families entrusted to us it will take all our intellect and all our devotion, and intellect and devotion are greatly strengthened by unity of thought and action.

As the meetings went on we were all impressed with the happy fortune that had made this particular convention a Cleveland convention, because Cleveland is the city that has done most to promote unity among its workers and especially among its public health workers.

Truly the spirit of Cleveland was present. We could almost see her planting her "tree of life."

School nursing seemed to me to be more closely related to industrial nursing, tuberculosis nursing to baby nursing, and all four to general bedside nursing than ever before. There was present an unusual desire for the help each is so capable of giving the others. Never have the reports of the standing committees shown so active and constructive an outlook on the coming year.

For a day or two the intensity of the meetings, the strained absorption was not normal and the total lack of a humorous element in all the discussions was making an atmosphere too stimulating to produce the best results. However, this became more natural soon and as we found we could laugh we began to assimilate the experiences of the past year better. Someone said we were too absorbed even to stop and tell one another how great is the work being done!

Besides this closeness of intercourse between the different specialists in public health nursing I felt an unusually close contact between the nurses from the North, the South, the East, and the West. *Our country, Our War, and Our great need.* The need our country has for us as nurses drew us together in an almost tangible feeling of relationship to one another.

This was true of us as nurses and in a very real sense it was also true of the relationship of the unprofessional to the professional workers in public health nursing activities.

Mrs. Lowman's beautiful paper expressed it. We felt it constantly present all through that week and we thrilled to it in Mrs. Bolton's fine strong report of her War Program Committee.

The sense of unity of effort is very much strengthened by the thought that through Mrs. Bolton's committee, with Miss Boyd's professional help, the representatives in each state are becoming a force for our development and growth.

Florence Nightingale says "health is the ability to use well every power that we have" and the spirit of our Sixth Annual Meeting was a consecrated determination to have "health" in that sense.

Coördination of effort is to think as well as we can so that our intellects will be fully made use of; to act as well as we can so that all the moral force of which we are capable may be pressed into service, to work with our bodies in such a condition that our physical powers may be expended to the best possible advantage, "without haste and without rest," and finally to pray as well as we can that our spirits may dominate and control the whole.

This is coördination of all our resources, and concentration upon it produces that sense of unity that, like some strong emotion, seemed to hold us and control us while we were together in Cleveland.

MARY BEARD.

THE ARMY SCHOOL FOR NURSES

When one reads a statement on the School for Army Nurses such as that written by David Lawrence and published in the *Evening Post* of New York on Saturday, June 1, one realizes the value of a strong pen, accustomed to state facts in a way to drive them home "delightfully to lay readers." If it were possible we should certainly reproduce the article word for word, but we notice with respect a line enclosed in brackets which says "Copyright, 1918, by N. Y. Evening Post Co.;" however, our splendid public library system will enable any one of us to sit in peace and quietness in some well-ordered library room while we read what the *Evening Post* has prepared for us with its usual spirit of intelligent coöperation with all things constructively sound and stable.

Miss Goodrich's article in the present number of the *QUARTERLY* gives a clear and splendid presentment of the plan, together with a detailed account of its proposed method of operation.

This school, with headquarters in the Surgeon General's office in Washington, open to women between the ages of twenty-one and thirty-five years of age in good physical condition, of good moral character and who are graduates of recognized high schools or present evidence of an educational equivalent, will offer an immediate opportunity for service of a military character to women who wish to do war service.

It is hoped to establish the first units on or about July 1 of this year; and acceptance in the school will carry with it no obligation to serve abroad. In brief, as Mr. Lawrence so tersely puts it,

The scheme provides for the enrollment of women through the Army Nursing School, Surgeon General's office, Washington, where applications must be sent, but the assignments will be made so far as possible to the military hospitals in the communities where the applicants reside. They will be given a course of training similar to that which pupils have always gotten at civilian hospitals, yet they will be of immediate use in the military hospitals and thus will be in a position to relieve graduate nurses for work abroad. Should the war end before the three years course is completed a certificate will be given which will entitle the holder to recognition by such civil hospitals as may subsequently accept her as a student.

Speaking of this "Army School," Mr. Lawrence further says that "America has wanted to adopt a nursing system which would be of permanent value to the nation."

It was undoubtedly natural for European nations to adopt a system of temporary expediency as regards military nursing and to have recourse to the use of volunteer nurses' aids without offering them a chance to become student nurses, because the first terrific onslaught in 1914 and the terrible exigencies and emergencies of the years which followed have given no pause in which to organize a constructive training in military nursing which should make of the unskilled nurses' aid a skilled nurse. We, however, are altogether without Europe's excuse in such a matter. We can urge no illusion of a short and quick military decision, we are not near enough to the scene of conflict to transport persons easily and we know that every ton of shipping must carry what will be of maximum use to our fighting forces. We cannot do less than the very best we know how to do or lend countenance to any system that does not recognize the vastness of the world's need for skilled and disciplined workers. To use the words of Miss Nutting,

The system that will give the sick men the best nursing care is what we want, and the student nursing service has stood the test of time on that point. It is not only the most efficient, but the most economical, and is better and safer from every point of view. The young woman entering this service as a student becomes your true volunteer aid. She becomes a genuine asset to her country.

Any system which leaves out of its reckoning the principle of continuous production of skilled persons sacrifices not only the long future years, but the troubled present also. We are fortunate enough to be able to offer to the nurses' aids an opportunity not only to do the work for which they have been prepared but of gradually increasing their skill until in the end they become fully qualified nurses themselves, if they so desire.

As a lay woman, and one who, through an already long life, has contended day by day with the unnecessary difficulties resulting from lack of skill and practical training, I feel an almost reverential spirit of thankfulness that the United States, through its army school for nursing, has declared its need of skilled and disciplined women and has recognized the value of definite training as well as education for women. If a woman is warm hearted, courageous, well educated in a general way, she will have, because of special training, a chance to be worth many times more than if she lacked discipline along specialized lines. In the army school for nursing we have a sanction and a recognition that should rouse in our hearts unlimited devotion to serve at home or abroad—wherever, in fact, our country needs the skill and tenderness of women. When we express fear that the war will force us to give too many women the careful education of skilled nurses it is because we underestimate the number of people in the world who need nursing care and household instruction. The very fact that out of somewhat more than 98,000 registered nurses 85 per cent are engaged in private duty nursing proves that the best nursing care has been heretofore the privilege of the few.

I. W. L.

RELATIVE RANK FOR NURSES

Obedience to orders is the very essence of army discipline and the right to command is inherent in the attribute known as *rank*. The officer of rank must have the outward insignia of a person in command, because the eye of the subordinate is accustomed to the outward and visible sign of authority.

Relative military rank for nurses on war service would make it possible for them to give better care to the sick and wounded soldiers, because there would be no hesitation or obstruction on the part of hospital corps men to the carrying out of instructions for good bedside care if these instructions were given to them by a superior officer.

What we all want is the system that will afford the best care for our soldiers, and we who are mothers and who have sons with the fighting forces desire that every sensible measure be taken to insure

them such safety and comfort when they are sick and wounded as the most careful system can devise. We like to think of nurses as a part of the army itself—an army corps. And, indeed, we do so consider them because we take it for granted that they will go overseas in large numbers without complaint, that they will bear separation from friends and relatives, from home and native land, that they will not shrink from the perils of the sea or complain of danger and discomfort. We think of them in war time almost as we think of our troops. We expect all things of them and demand all things, knowing that they will respond.

As a mother, I cannot conceive what my own feelings would be did I not know that thousands of our nurses were at the front.

If we consider nurses much in the same light as we consider our troops we should help them in every possible way to use their training and skill to the best advantage and to become in reality a recognized part of our forces. We should have respect and consideration for them, and do all that is possible to enable them to give the best that is in them to the cause which they are serving.

I have been amazed during the last ten days to hear nurses who had not enrolled in the Red Cross called "slackers." The term astonished me until I suddenly became aware of the great honor which it paid indirectly to the profession of nursing. No one calls the unskilled woman a "slacker" because she does not enlist openly in the country's service, therefore it must be that we consider the nurses much in the same way as we consider our troops; they are essential to a successful prosecution of the war. The question of relative military rank for nurses need in no way disturb any of our existing traditions concerning physicians and nurses. Relative rank, as we ask for it, would confer upon the army nurses only the right to wear the insignia belonging to the office and the name of which is given to the woman, and eligibility to exercise authority within the limits prescribed by the law. And those limits are defined, in the bill proposed, as these: "*The army nurses shall have authority only in medical and sanitary matters and other work in the line of their duties, next after the medical officers and only in and about military hospitals.*"

There seems to be nothing left in this kind of rank we ask for the nurse except the very practical benefit of ensuring better care for our sick and wounded men.

I. W. L.

A CHEVRON FOR PUBLIC HEALTH NURSES

At the time when England decided that a volunteer system, even though it had succeeded in placing over 3,000,000 men under arms, could not be successful in meeting the needs of an unprecedented war, Lord Kitchener, in a striking speech, pointed out the injustice that was being done to many conscientious men by a system under which all who did not voluntarily enlist for the defense of their country were inevitably stigmatised as "slackers." As he further showed, there might well be reasons which made it a cruel and almost impossible task for a man to decide for himself just in what direction his duty lay in such a crisis; to that man it would be the greatest relief and the removal of a serious wrong, that the Government should take upon itself the burden of decision and point out to the individual the course which it was his duty to pursue.

Many conscientious public health nurses have, during the past year, felt themselves to be in a position analagous to that to which Lord Kitchener drew attention. Stirred by the appeal of patriotism, keenly alive to the urgent cry of the wounded on the battlefield, they have yet heard, as perhaps none but themselves could hear, the almost equally bitter cry of the sick and suffering at their own doors; they have realized the need of the children, upon whose shoulders must ultimately rest the issues of the struggle—should those shoulders be weak or strong?—They have seen the soldier's last anxious look towards his wife—there must be someone to protect and help her. And the decision, whether to go or stay, has been a bitter one to reach.

To these nurses will come a thrill of relief and thankfulness that their position has been recognized, and that those whose services are, indeed, needed at home, to prepare others to enter the field, or to safeguard the civil and the military population, are to be designated as engaged in an active measure of war service, through the issuance by the Red Cross of a special service chevron.

The decision as to whether or not a nurse should be placed in this special class will, generally, rest first with the organization or institution employing her—whether that organization be a training school, hospital, public health nursing association or similar activity. The recommendations of the directors or superintendents of such organizations will be considered by a special committee appointed in connection with each of the Division Offices of the Red Cross, which will issue the chevron to those enlisted Red Cross nurses who, although eligible for foreign service, are placed in this special group.

We sincerely welcome this plan to safeguard the issues toward which our nurses feel so deep a responsibility.

At the recent Convention in Cleveland, Miss Noyes made the stirring appeal, "Every nurse a Red Cross nurse by the end of the year!" A large proportion of public health nurses are already enrolled in the Red Cross, now that the question which has troubled the minds of so many of those who have hesitated to enroll has been answered authoritatively, and in a way that safeguards the issues towards which they have felt so deep a responsibility, we believe that there are indeed few of them who will not gladly answer this appeal.

M. J. S.

THE EDUCATIONAL CLASSES OF THE RED CROSS

The public is sometimes apt to assume that the women who have been instructed and who are being instructed through the Educational Classes of the Red Cross are, in the main, women of wealth and leisure. Out of the tens of thousands who have been made wiser mothers, housekeepers and citizens because of their contact with the wide-spread instruction given by the Red Cross in Hygiene, First Aid and Dietetics, the vast majority of beneficiaries are not women of wealth. Indeed, such women form a very small part of these pupils, especially in large industrial towns.

Through the Educational Classes the Red Cross has been seeking primarily to bring better health standards into households and communities and to enlighten the lay woman as to her practical duties toward the home and household.

The Red Cross has given wholesale recognition to the fact that the women of a household should become aware of these essential facts which would enable them to exercise an intelligent care over their families, as well as to aid in all other possible ways their own country in time of war.

We believe that a large number of women thus enlightened will seek the benefit of further training and that the Red Cross Educational Classes will continue to find themselves amply justified in every sense. To educate and to enlighten lay persons in their duty toward home and country is to prepare good ground for further sowing.

I. W. L.

A BIG WAR TIME OPPORTUNITY

In the January issue of the *QUARTERLY* there appeared an editorial on "Overtime Given by Our Nurses." In it we pointed out that from time to time complaint is heard that public health nurses are constantly to be found working overtime, and that an association which stands for the betterment of the health and social conditions of the community

should not offend against its own teaching; but that the nurse, because to her the necessities of her patient must always be of paramount importance over her own comfort and well-being, is subject to uncontrollable emergencies, and her very name implies a consecration of the very best that is in her to the service of others. In response to this editorial we have received the following letter, which is of so much interest and significance in several ways that we are glad to publish it here.

DEAR EDITOR:

The editorial on "The Overtime Given by Our Nurses" interested me very much, for I also must plead guilty. How can we refuse to work overtime when we receive such interesting calls?

One evening this month I came home, dead tired, the time was 6.15—one hour and a quarter overtime; at 6.45 I had just finished dinner, when the phone rang. The Travelers' Aid was asking for me—could I come *at once*; she had a very sad case; a young soldier was passing through on the way to the cantonment after a furlough, with him was his young wife age eighteen years; she was to spend a few last days with him before he left for France. Alas! the journey proved hard on the young wife in her delicate condition; a room was secured near the station, and in a short time, 7 p.m. the baby was born "a blue baby." The baby died 5 a.m. next morning (from the time of birth until death it never ceased moaning; this is the first experience of this kind I have had since my training in 1898). The delivery was instrumental and lacerative. The doctor consulted with me as to the desirability of stitches with such unsanitary surroundings, saying, "But if we wait until tomorrow they will not heal." We decided to give the patient a chance. I said I would try and make things as sanitary as possible. When the patient was able to be moved, four hours later, we called an ambulance and took her to the hospital, the young husband staying with us until the very last, when his train left at 11 p.m. for the cantonment; he *had* to report, neither birth nor death could excuse him; he would be twenty-four hours late as it was. We finally left the mother and babe at the hospital; the ambulance driver waited for me and we left the young husband at the depot just in time to catch his train—while I—Well, I turned into bed at 12 midnight, dead tired, but happy at the opportunity for service.

Awaking early in the morning I called the hospital and found the baby died at 5 a.m.; then I called the Travelers' Aid, the Red Cross Civic Relief, and made arrangements for the funeral, so that, in the absence of the father serving his country, his baby would not be put in a pauper's grave. In the afternoon the undertaker, minister, Travelers' Aid and I attended the funeral, and the baby had a Christian burial. The mother made a complete recovery. Could I have refused to work this overtime?

We will leave public health nurses to answer for themselves the question at the conclusion of this letter; but there is another point besides and even stronger than that of overtime work, which we feel is illustrated in this story; and that is, the kind of service which the public health nurse is able to give to the wives and families of the men who are serving their country. The case recited above is an extreme one, per-

haps; but it exemplifies an urgent need. Miss Lent, supervisor of public health nurses in the extra-cantonment zones, in the most illuminating address which she made at the Convention in Cleveland,¹ brought out the necessity for pre-natal and obstetrical care for the young wives of soldiers temporarily living near the camps. In one Texas district sixty such women are receiving pre-natal supervision from the zone nurses; and one zone has a small hospital for the care of these women at the time of confinement.

Dr. W. P. Lucas, head of the Child Welfare Department of the American Red Cross in France, speaking recently in this country, made special reference to the effect on the French soldiers of knowing that their families were being cared for during their absence, and to the feeling of relief and strengthening of morale which it insured. What we are helping France to do for her soldiers we must surely do for our own; we cannot let the American who is fighting for his country feel that the wife and children at home are without proper care in the time of their distress. The well-trained public health nurse is necessary to insure this care. Miss Lent appealed most earnestly for more workers to meet the overwhelming needs of the extra-cantonment zones. Public health nurses can volunteer for this service through the Red Cross and can feel that by so doing they are performing the kind of war service for which their training has specially prepared them. The Federal Government is employing a public health nurse to supervise public health nursing, combining all people and forces in communities to bring about health. Only under an official and authoritative leadership can this be done; the leadership has been provided and the opportunity is now our own. Surely we shall not fail to take advantage of it!

M. J. S.

¹ Miss Lent's address is published in this issue of the *QUARTERLY*.

IMPORTANT NOTICE TO OUR SUBSCRIBERS

At the Annual Meeting of the National Organization for Public Health Nursing, held in Cleveland at the beginning of May, two most important changes were decided upon in regard to the "Public Health Nurse Quarterly."

The first was that the "Quarterly" should be made into a monthly magazine, by combining it with the "Bulletin of the National Organization," which has hitherto been published, and distributed to members of the Organization only, in those months in which the "Quarterly" did not appear. The title of the magazine will be "The Public Health Nurse:" the January, April, July and October numbers will remain as they are at present, the intermediate issues will, however, be slightly smaller in size than the quarterly number.

Secondly, "The Public Health Nurse" will be included with membership in the National Organization, the dues of which will now be two dollars a year for individual active and associate membership (nurses only) and five dollars a year for subscribing membership.

The subscription price for the monthly magazine, "The Public Health Nurse," will be two dollars a year to those who wish to subscribe separately.

Subscribers whose subscriptions are unexpired will receive all monthly issues of the magazine until the date that their subscriptions are renewable; but no new subscriptions or renewals will be accepted at less than the two dollar rate.

PRESIDENTIAL ADDRESS TO THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

So very much has been crowded into these swift months since we parted in the old red room at the Bellevue-Stratford that I feel a little like apologizing because it seems almost improper for the National Organization to shoot about so fast without our having come together as a body at any time since those very early days of the war. Then, too, I want to say that I disapprove on principle the act of your presiding officer in permitting the use of her name again as candidate for President. Your President ought to change frequently to represent different localities and kinds of public health nursing and I can only say that, greatly as I appreciate the confidence expressed by this action of the nominating committee, I yielded to their pressure only because of that piece of time-honored advice about swapping horses in mid-stream. We *are* in mid stream.

You will hear the Secretary's report which will give you in detail the happenings of the year.¹ To summarize and emphasize values a little is the only thing I hope to do in this address.

First, then, following your vote of confidence in the Executive Committee at our last meeting and acting on the advice of our council we set about trying to prevent a general exodus of public health nurses from all their responsible positions in the United States. Not an easy task, with a strong public sentiment urging all Americans into the thick of the battles in France. It was a surprised President of the National Organization who received a notice about ten o'clock on the morning of Friday, May 25, stating:

May 22, 1917.

*Miss Mary Beard, President,
National Organization of Public Health Nursing,
Philadelphia, Pa.*

DEAR MISS BEARD:

As Chairman of the Committee on Hygiene and Sanitation of the General Medical Board of the Council of National Defense, I desire to bring to your attention the importance of immediate action on the part of the sub-committee on public health nursing, of which you have been appointed chairman. You should hold a meeting of this committee at the earliest practicable date and prepare a report upon such matters as you deem pertinent to the labors of your committee.

¹ Miss Crandall's report is published in the June *Bulletin* of the National Organization, which summarizes the proceedings of the Convention.

Upon completion of this report, it should be forwarded to the chairman of the Committee on Hygiene and Sanitation.

Very sincerely yours,

RUPERT BLUE,
Surgeon General, Chairman.

It was rapid action that succeeded in producing in Washington the next morning early your Executive Secretary, your ex-President, Miss Mary S. Gardner, and myself. You see up to this point I did not know even the personnel of my committee! However, the sub-committee meeting was called Saturday afternoon at two o'clock and reported to General Blue's committee on the same day at four o'clock!!

You know of the outline of the work of the sub-committee, the formation of the general committee on nursing, and you know Miss Crandall was offered by the National Organization to act as secretary of the three Council of Defense Committees. She is still living in Washington and acting in this capacity. Any words of mine in praise of Miss Crandall's work this last year are surely unnecessary to you. Recognition of her devotion to her duty, of her honesty of thought and of action, of her unfailing enthusiasm—the recognition of all these qualities comes to us constantly from many sources.

But you must know that we, as a national organization, have definitely made a sacrifice and not a small one in releasing her in this way, for perhaps two-thirds of her time has necessarily gone into affairs concerned with the general nursing situation.

Financially, too, the National Organization has borne not only the cost of her salary but in addition an average expenditure of \$79 a month for living expenses in Washington. All this seems to me very right for the National Organization to have done, but it is a matter you should understand. Miss Lent was released to the Federal Public Health Service, as you know. An honor was paid the National Organization when Miss Gardner and Miss Fox were appointed to the Red Cross Public Health Nursing Service—again an honor of which we are proud.

But see what had been done—at a time when public health nursing was stimulated as never before we had deprived ourselves not of one of our executive secretaries but of both! Were we right or wrong here? You must judge. Miss Crandall will tell us of the raising of the joint budget for the expenses of the three Council of Defence Nursing Committees. The \$10,000 was none too large for these joint needs, and again your executive committee acted in a radical way when it voted for the National Organization to keep none of the money raised, but to put it all in the common fund. And this at a moment when there was

not enough in the treasury to meet the oncoming pay-roll for the regular staff of the National Organization.

There was nothing to be done but to raise our own necessary money. Already you know of the Rockefeller Foundation gift. I mention it because the endorsement of the Foundation, an endorsement based on a carefully drawn up plan of work, seems to me to make a milestone of progress for public health nursing that will in the days to come be preserved as a relic of our pioneer period. And we are pioneers, we public health nursing people, lay and professional.

No less important was the action taken in the formation of our War Program Committee, for, as you know, the Rockefeller Foundation gives decreasing sums to us for a period of three years in the belief that public support will be sufficient to carry us on after that.

We are most fortunate indeed to have added Mrs. Haasis and Miss Boyd to our executive staff and I want to say publicly how glad I am that they came. The resignation of Miss Converse from the membership committee we accepted with much regret. Her record of work is splendid—576 new members and 700 new and reinstated members—and must give her almost as much satisfaction as it gives us pride in her achievement.

The future to me seems typified by a vision of opening doors. What an age to be alive in! What a privilege to be a worker now when men's minds are opened as never before to the needs of their fellows and to the real values of life. Surely some of the great rational economic reforms are coming now. Health insurance is advancing more and more certainly. Miss Edna L. Foley is a member of the Illinois commission of five to study and report upon health insurance in that state. We public health nurses have more conclusive evidence of the need for health insurance than any other group in America. Let us not forget in all the fine stimulation which is so rapidly producing results in public health nursing work that back of them all there are certain fundamental changes which are essential to any future health work.

The Federal Public Health Service has pushed open a door by employing our Miss Lent as supervisor of the nursing in the sanitary zone work. The Red Cross Town and Country Nursing Service gives us a wonderful glimpse of future possibilities.

If we can keep an open mind, a humble spirit and the faith to believe so that we shall be inspired to work "without haste and without rest" then we may take courage and dare to draw a long breath of gratitude that the fiery trial of the great war did not find us altogether wanting.

"They all were looking for a King
To slay their foes and raise them high—
Thou cam'st, a little baby thing
That made a woman cry,
To smite our foes and set us free
Naught but Thy presence can avail,
Yet on the roads Thy wheels are not,
Nor on the sea Thy sail.
My how and when Thou wilt not heed,
But come down Thine own secret stair
That Thou may'st answer all my need,
Yea, every by-gone prayer.

THE WORK OF THE WAR PROGRAM COMMITTEE¹

By FRANCES PAYNE BOLTON

Chairman War Program Committee

Early in the fall the Executive Committee of the National Organization for Public Health Nursing created a war emergency finance committee to meet the straitened condition of the Organization, due largely to its contributions to the Council of National Defense Committees, not only of money but also of personnel.

A very short study made it apparent that the financial situation, while a serious one, was no more serious than that of the personnel, as, with Miss Crandall serving the three committees of the Council of National Defense; Miss Lent, the Federal Public Health Service; and the other members of the Executive Board too overworked to assume the New York office matters, the National Organization was not functioning in the aggressive way demanded by the war exigencies. The committee also became convinced that sound financial support would come only after full understanding of the purposes of the work of the Organization by the professional as well as by the lay public; that it would be necessary to have the public health nurses throughout the country recognize their need of the National Organization, which has as its first care the upholding of the standards of public health nursing service; and that the lay public also must recognize the imperative need for high standards in all public health nursing work, especially during these times, and be willing to assume the support of the National Organization.

Therefore, the committee asked that its name be changed to "War Program Committee," and that it be permitted to organize an educa-

¹ Paper read at opening business session of the National Organization for Public Health Nursing, Cleveland, May 7, 1918.

tional campaign looking towards greatly increasing the membership and the general support of the Organization as well as doing everything in its power to increase the number of public health nurses, and helping in the general movement to increase the number of young women entering the profession.

The Committee felt that this program could best be carried out through the already existing and active council of state representatives. The council, made up as it was of a nurse and lay member from each state, possessed the framework to build upon. Nurse members had already made directories of public health nurses in each state, had secured many adoptions of standard record cards, had the names of nurses who were good writers or speakers, etc. Lay members had attempted to circularize the Women's Clubs and in many cases with good results, and some had districted their states and were eager for suggestions for further work to do. So, upon the appointment of Miss Helen F. Boyd as secretary of the committee in March, she and the chairman went over all council of state representatives' correspondence on file and got into communication as quickly as possible with the members of the council. Where there were no representatives the committee set to work to secure them. The response has been most gratifying. The committee feels that in being the link that binds the members of the council of state representatives to the executive committee it is carrying out one of its principal functions—that of increasing the usefulness of the National Organization in this time of stress.

The demand for trained public health nurses has far exceeded the supply for many months. In addition to the normal demand of already existing and newly organized visiting nurse associations the Red Cross and the United States Public Health Service have used public health nurses in the extra-cantonment zones in this country and in the Child Welfare and Tuberculosis work overseas. In addition we are faced with the acute need for nurses to cope with the tuberculosis problem and with the fight against venereal disease; as well as being challenged by the resolution passed at the conference of chairmen of State Child Welfare Departments of the Women's Committee of the Council of National Defense, Washington, March 15, 1918, that public health nurses are absolutely essential in carrying out the program for Children's Year.

In order that our representatives might be in close touch with the Child Welfare Department of the Council in the different states, Dr. Peixetto, the chairman of the National Committee, sent a recommendation to the State Committee that our representatives be asked to serve on the State Committees.

Such a challenge demands that we gird up our loins and prove ourselves equal to the emergency.

The essential point to be brought and kept before the public as often and from as many angles as possible is the great need for public health nurses to preserve the health of the nation for whom we are sending the flower of our manhood overseas.

In order to relieve the immediate situation we are urging upon our lay audiences the necessity for utilizing the visiting nurse, that the private nurse may be released for institutional and public health work, where her value to the community will be multiplied, as instead of caring for one she will be caring for many. We are urging that every effort be made to help in the recruiting for the training schools, and we are stressing the effort to put the public health service message into the minds and hearts of all senior training classes. In addition to that we are endeavoring to bring the call home to the graduate nurse who for some imperative reason cannot answer the Red Cross call for military duty, but who can perform this war service at home.

To accomplish these ends we ask that the lay members of the council of state representatives meet the nurse members and plan how best to cope with the problems of their own respective states—and we try to make it clear to them that we stand behind them ready to help in every possible way. The response of the state representatives to this call to work for an increase in the number of public health nurses and in the number of recruits from the training schools has been splendid. The coöperation in the states has been cordial and immediate.

Definite bits of coöperation have been possible with other organizations: The Social Service Commissions of the Episcopal and Presbyterian Churches, the Christian Endeavor people and the War Commissions of both the Northern and Southern Baptist Convention, and the Women's Missionary Union of the Southern Baptist Convention, have sent us lists of their state representatives who can get in touch with our representatives. These we are putting into the hands of our state representatives.

In Vermont the secretary of the State Board of Health asked our representative to recruit for the medical schools at the same time she is recruiting for the training schools for nurses.

The campaign for recruiting for the training schools, which is starting under the joint auspices of the Woman's Committee of the Council of National Defense and the Red Cross Department of Nursing, is affording our representatives an opportunity to coöperate with these two strong organizations. The Army School of Nursing has given a great impetus to recruiting.

Through the Federal Council of Churches in Christ we have planned a campaign to reach the church congregations—Hebrew, Catholic and Protestant—115,000 (omitting the negro churches) all over the country. The number of communicants of these churches is estimated at 40,000,000 persons. Dr. Worth Tippy, Executive Secretary of this Council, has made helpful suggestions and most generous offers of assistance, and feels that we should get results. Our letter to the churches will ask for a statement from the pulpit of the need for public health nurses and any further help they can give our work.

We have been advised that we can post pictures on library bulletin boards that would interest people in nursing. This sort of publicity has been used extensively by the Food Administration. Through Miss Guerrier, who is in charge of the department, our office has a list of "Library Directors" in the different states. Through their coöperation it would be possible for us to distribute our pictures through 18,000 libraries in this country.

The Food Administration finds that when the exhibit is put on the bulletin boards of the libraries the local newspapers are ready and eager to utilize the exhibit and publish articles on the subject. We were further advised that the Library Directors would in many places have opportunities to gather audiences in the auditoriums of the libraries.

Personal contact we feel to be essential to getting results and we are anxious that each state may so organize itself that, when such opportunities come as that offered, for instance, by the Federated Churches, for publicity, it will be possible for the representatives to follow them up with talks, etc., and press the matter home and get results—for we feel most conclusively that it is the personal contact that counts. The active entry into the recruiting campaign of the Woman's Committee of the Red Cross will undoubtedly make it possible to take advantage of their widespread organizations, which reach the farthest rural districts, in order to approach every minister with a personal visit to drive home the message previously sent by letter.

All these publicity measures mean the expenditure of money, and secondary as this committee feels the matter of financial support to be, the permanent success of the Organization naturally depends upon it.

Early in the winter the National Organization submitted to the Rockefeller Foundation a budget of \$43,000.00 upon which we were granted \$15,000.00 for 1918, \$10,000.00 for 1919, and \$5,000.00 for 1920. By doing this the Foundation publicly acclaimed their approval of our methods and their confidence in our ability, and it makes possible this careful foundation work which we are now doing and without which

we could not hope for a sound permanent growth. With the moneys which come to us from memberships and contributions we shall have to raise, roughly speaking, \$20,000.00 to meet the budget to which we are committed, and we hope to raise \$30,000.00. In apportioning the amount among the states we have done it according to present interest in the National Organization for Public Health Nursing, and we feel sure that Ohio, for instance, will find it no harder to raise \$3,600.00 than Arizona will to raise \$30.00.

[NOTE: The War Program Committee of the National Organization for Public Health Nursing, 615 19th Street, Washington, D. C., has just printed "Notes on Public Health Nursing for Four Minute Speakers;" these are available for anyone who may wish to use them.]

A WAR TIME CONVENTION

By BESSIE AMERMAN HAASIS

The year from April, 1917, to April, 1918, has seen more new undertakings, more undreamed of accomplishments than any other in the history of the United States. When we gathered together for the convention in Cleveland from May 6 to 11, we also felt that as a public health nursing organization, the history of the year embodied these same facts for us—great venture, great achievement, and great plans.

No one could have attended the annual business meeting without listening in amazement to Miss Beard's accounts of committees assembled at a few hours' notice, summoned to Washington over night and entering into plans of nation wide significance for protection of the health of soldiers and civilians, and for maintaining alike the standards of nursing care and the volume of workers available.

No one could have listened without marvelling to Miss Crandall's report of the increased recognition the year has brought us as an organization; a liberal grant of funds for the next three years from the Rockefeller Foundation in recognition of our educational functions toward both the public and the nursing profession; and the borrowing of our Associate Secretary by the United States Public Health Service to be supervisor of nursing in the extra cantonment zones—a distinct recognition of our function as an organizing and standardizing body.

Of course the war and conditions resulting from the war were the paramount issues in all meetings, and yet it was not in a spirit of noisy patriotism or proud accomplishment that we listened to the stirring reports of over 12,000 nurses in active service under the Red Cross in army, navy, and other national services. The beautiful service flag

and Miss Delano's soul stirring tribute to those represented by the gold stars, seemed to bring to each one of us a new and stronger call to duty, a command to more serious and unfailing effort, a vision of deeper consecration in every task, all as a means to our great common purpose—winning the war.

One of the announcements most interesting to public health nurses was that the Red Cross was planning to give an active service badge or chevron to those enrolled nurses engaged in indispensable services at home—such as teaching in training schools, hospital administration and many positions in public health work. The leaders in war work are most emphatic in their demand that the health of the civilian population *must* be maintained if the army and navy are to be effectively supported. The unthinking public is prone to overlook this and the active service badge will be an outward and visible sign, gratifying to the nurses who for conscience sake are sticking to their positions at home, and educational to the public in its dignifying of the Home Defense nursing as equal in importance with the actual care of soldiers.

The meetings in special lines were better attended than ever this year, and like the general sessions, reflected the stimulation of war time conditions. Infant welfare work, with the big program of the Children's Bureau, reported splendid coördination of lay and nurse workers, especially in Massachusetts; New York reported a successful experiment in a thorough going plan for providing adequate care for mothers before, during and after confinement, coördinating all agencies within a district and lending aid not only to cases anticipating hospital care, but those employing doctors and midwives.

The school nursing session emphasized the duty of city staffs to recruit and train workers for rural districts, and also brought us a stimulating paper from a representative of the national Bureau of Education, who looked to the day when no child would be allowed to graduate from grammar or high school without a certificate that he was free from remediable defects.

The war time extension of industrial welfare nursing was evidenced by the larger group of these workers present, larger than seen before, and more insistant than ever before in their desire for standards of effective work and record keeping.

Another group larger than ever before and never more welcome was that of our lay members. Aside from the liveliest sort of discussion for the necessity of increased salaries for nurses, and for more uniform accounting methods, there were splendid reports of the activities of our lay representatives in practically every state of the Union in stimulating the public to the war time need for good community health work, and

to the desirability of the nursing profession as an opportunity for the most effective and satisfying public service. Truly inspiring were the tributes paid us by our lay workers, tributes to the quality of leadership of our executives in making big plans for national service, and to our value as trained workers in these times of stress; and as Mrs. Lowman so beautifully expressed her feeling of appreciation for the privilege of working with us as nurses, every one of us felt again and more strongly the reciprocal privilege that is ours of working with our lay members, who like herself, render our work doubly effective by their rare contributions of both vision and service.

The Tuberculosis and Mental Hygiene session also presented the increased volume and complexity of work arising from our assembling of men in large army camps in this country as well as in actual fighting areas. Two letters full of the thrills of actual front line activities in France, telling of the work with the French and Belgian children, were read in the "Wartime" session; and Miss Lent gave a most interesting talk on her work in the extra-cantonment zones. She explained how the United States Public Health Service was coördinating and supplementing existing health activities around each army camp in an effort to protect the health of our soldiers; setting up as nearly as possible a modern health administration for the civil population with whom they come in contact. Here again was a history making item—that the United States Public Health Service had definitely included in its 31 zones public health nursing as an integral part of a model organization for health protection.

Perhaps the most thrilling meetings were the general sessions, when Miss Frazer stirred us by her accounts of how women of England are counting no task too hard, no labor too irksome, in the nation's will to win the war; when we listened to the plans of training schools, hospitals and colleges all over the country for shortened courses, intensive courses, extra courses, to prepare nurses for the best possible war services; when over 1500 of us listened together to the alternate plans proposed for operating the military hospitals with nurses in training or nurses' aids; when we heard the programs of the War Department for making our army physically and morally cleaner than any other army in the history of the world, and the program of the Children's Bureau for making our children safer than any other children in the world.

Two by-products of the war situation from the educational standpoint deserve special attention. First, the experience of some associations in the face of a shortage of nurses has already been so serious that it is perfectly evident that in some places, in order to give the sick the care they need, some workers with less than standard training must

be utilized. To make this as safe as possible, a resolution was passed embodying a carefully worked out code¹—designating the different types of workers and recommending the particular kinds of work for which each should be employed, laying the strongest kind of emphasis on the necessity for both instruction and supervision.

The other education problem is that of the thousands of small cities, town and rural communities who are now ready and willing to employ public health nurses for school, infant welfare, or tuberculosis or general visiting nursing—when the supply of available nurses was never so small. In response to an urgent request from the Woman's Committees of the State Councils of National Defense, on whom lies the responsibility of carrying out the Children's Year program, the National Organization for Public Health Nursing felt that it must make some emergency plan for preparing nurses, and the Educational Committee consequently submitted its report providing for eight weeks of field work and two of intensive instruction. This plan is offered only to states where there is a supervisor of public health nursing, supported either publicly or privately, who can help with the recruiting of nurses, with the formation of local organizations and the careful supervision and continued instruction of the nurses after they are placed.

Announcements were made of an increasing number of hospitals in various parts of the country which were offering their students experience in public health nursing within their training period. Henry Street Settlement and the Instructive District Nursing Association of Boston both reported gifts from the Red Cross to make possible by scholarships a largely increased capacity for training nurses for public health fields. One more item will serve to show how the idea of public health training for nursing has "arrived," and that was the plan for the army training schools, which included after two years in the Military Hospitals "one year in a civilian hospital for obstetrics, gynecology, pediatrics and *public health work*."

Cleveland expected 600 or 800 of us—1500 came. But there was welcome and genial hospitality for every one. In visiting Cleveland we felt in many ways that we were returning to one of the sources of our best traditions and inspiration.

Every nurse was royally repaid for any effort it cost her to attend the convention, repaid by feeling the unique spirit of the lay and professional workers of Cleveland—and also by entering into the spirit of the convocation so marvellously expressed by Miss Goodrich:

¹ This code is published elsewhere in this issue of the *QUARTERLY*.

With all the strength we have, with all the undreamed-of strength we can summon, through every avenue of service we can find, we should seek to raise the standard of nursing so immeasurably above the service rendered in all previous wars, in the military field, in civil life, that after the ghastly struggle is over, freed through a record of high service, from commercial uses, the hamperings of social prejudices, the limitations of inadequate preparation, our profession may contribute its fullest measure to the restoration of this crippled, scarred humanity.

CHILD WELFARE¹

By JULIA C. LATHROP

Chief, Federal Children's Bureau

I do not think I need explain very much to this audience either about child welfare or about "Children's Year," which I was told by Miss Crandall I was to explain. I have a suspicion that all of you know something about it, and some of you can tell me much more than I have heard about that famous initiative step.

We began this Children's Year for a reason which seemed to us all sufficient. It was because it was so clear to us that if our men were going to Europe to make democracy eternal, those who have stayed at home, the civilian population, were in honor bound to keep democracy going over here; and those of us who, like you, are nurses, and some of the rest of us who observe something of the less favored ways of living in the United States, think that democracy is a very sorry ambition if it does not concern itself with the whole welfare of human beings—if it is not measured by the wholesome living which the country can afford to give to all the people within its borders. And it seemed to us very reasonable that in the second year of the war America should try to do as well by its youngest lives as England did the second year of the war, when she obtained the very lowest infant mortality rate she had ever obtained. And we calculated, in all those ways that you understand quite well, as to how many lives we ought to save. We consulted some of the most distinguished authorities, and it was reduced to a problem the solution of which was to save the lives of a hundred thousand babies.

Now it won't be very much worth while to save the lives of a hundred thousand babies in 1918 by a spasmodic effort if we cannot make it worth while for them to have their lives saved. And in making the effort for them this year we do not make it without creating a great moral compulsion which will carry us into the next year and the year after. And we believe that what we are trying to do as a war emergency, to

¹ Address delivered before joint evening session, Cleveland, May 10, 1918.

save life this year at the only spot where it can be saved, is going, after all, to push us forward into the greater love and responsibility for human life and greater insistence that there shall not be any possible wastage problem. It will push us forward to where we shall realize anew the essentials for which our men are fighting, for a country—for a world in which war shall finally be unknown; a war which shall have a peace the basis of which shall be that those arts which do control and conserve human life shall have their right opportunity.

And it is for all this work of conserving human life that the Public Health Nursing of the United States at this moment is in a position of such commanding responsibility and opportunity.

I am not going to talk about the nurses at the front, the nurses in the military hospital; because with all that we are familiar. We feel the great, overwhelmingly spectacular and noble appeal which it makes to the interest of every one of you. We know that that appeal cannot be denied, will not be denied. But is it not true that a noble construction of life will insist that we ought to see an equal demand, an equal heroism, if you please, in saving lives which are wasted today behind the lines? No one has the opportunity of an appeal to that side of life which the public health nurses have. And sometimes, as I have thought back on what seemed to me the beginning of public health nursing, and of what Florence Nightingale wrote to this country in that superb message which she sent to your First Congress of Nursing, at the Chicago Exposition in 1893, I have realized that no great prophet ever spoke more truly than she did when she said, as you remember, that "The health of the world must always lie in the hands of women," and that "the nursing of the future will not be sick nursing, but it will be health nursing." It will be that great effort by which women trained to understand not only how to solace the sick but how to teach the well, devote themselves, as the public health nurse does now in this country.

I have seen, since I have been in the little bureau with which I have been connected for the last half dozen years, in the increasing effort which it endeavors to put forth to save and conserve the life and health of American children, and therefore to conserve and aid a better standard of life for the community, how entirely it depends for its efficiency, after all, upon the coöperation of the public health nurse. If this were true in times of peace, if it were true last year, when doctors were still in their normal proportion to the population, how much truer it is this year, how much truer will it be for some years to come, whatever our fate in war, however many men may be drafted before our final victory is achieved. And by the very measure of the men



TEACHING BY DEMONSTRATION



"CHILDREN'S YEAR." NURSE EXPLAINING TO A MOTHER WHAT INFANT WELFARE IS

in the medical profession who will be withdrawn from civil life, we know the number of women who must go into the nursing profession, in what we call public health nursing, if the loss of those doctors is at all to be made good.

Not long ago I read a very compelling statement from Virginia—this was not very many months ago—pointing out that some 400 doctors had gone to the army from the state; that its quota was not yet complete; that others were yet to go; and that surely in the remoter and rural portions of that state there was the very greatest necessity for nurses; and there was no other way, these doctors said, by which the health of the community could be conserved. So in the city of Richmond they are endeavoring, by special courses for public health nursing, to make some provision for the country work which must be done unless great waste of life is to result.

After all, we look to the city to make a great demonstration. There we sum up all that is evil or ill, or sick, or needy, or compelling, or noble, or effective, in such a way that those of us who are not so shrewd of vision can see and easily understand this condition and work out some way to meet its necessities. But if we look a little more searchingly and go out all over this country and find out that three-fifths of our children are rural children, we discover that we are all one kin throughout this great country; that the needs of the rural child are no different from the needs of the city child, but that they are far less provided for. And as the Children's Bureau has gone out from year to year making studies of maternal and infant welfare in the country communities, we have been impressed again and again with the fact that in no way can we make up for the wastage except through the assistance and coöperation of the public health nurses.

Now not very long ago we had some letters from one of the remotest parts of one of the great grazing states, and a woman wrote of the condition of mothers and babies in her neighborhood; and she told about women many, many miles from a doctor, left alone to bear children in the loneliness and agony which we think of now in No Man's Land; and we realized there was back there in No Man's Land a call as appealing to our responsibility as any on the front in France. And it seemed to us impossible that this country could understand the wastage, the unnecessary wastage of life in the remoter parts of our country and not make some appeal and some provision for its salvage. And now, just when we know that there is only one place where we can save life until this war is over, it seems it is the most reasonable thing in the world to make an appeal to the young women of real patriotism for the work behind the lines which must be done by them if by any-

body. There are things men can do and women cannot do. There are things that men can do for women when women point them out. But there are certainly many things which will never be done unless women do point the way and unless women perhaps themselves do them. And I believe in that direction of maternity and infancy, which is now so neglected, is the woman's business, which must be seen and recognized by women; or else we cannot expect men to see and recognize this demand; and then it must be carried out by women.

And when I hear the Public Health Nursing Association urge the number of women nurses whom they desire I feel as if the Children's Bureau, representing in such degree as it may, the people of this country who feel that need, ought to join in any sort of way that it can in an effort to invite and urge any woman into the nursing profession and into that branch of it which is as patriotically useful today as any of the work which can be done anywhere in the world.

I said I would not say anything about the army and about the military nurses; but I cannot forbear, as a sanction of what I have said about the public health nurse and her place in the great army of peace, to say one thing about the nurse at the front. There are, as I understand it, now more than 11,000 nurses enlisted in the army and navy service in this country. And I think we shall go far back in all history to find exactly the like of self-abnegation and generosity in which that enlistment has been made. I am not willing to say that these enlisted nurses are more truly the flower of the nursing profession than those who are left behind; but certainly they have put into their enlistment all they had. And I do not know of any other branch of military or naval service which, after all, is more essential to the winning of the war than the trained nurse service, which goes forth with an efficiency and vigor which no army ever before had in the world, to take care, so well as they can, of the health of the men who are to do the fighting. They have gone without making a single condition. They have gone and taken up the work in military hospitals with a lack of authority which would be fatal to the conduct of civilian hospitals. And I think that the fathers and the mothers of the boys who are over there and who, whether they fall ill from some other cause or are shattered by war, are to be in the charge of these women nurses, will want to know that they are as truly their responsibility as they would be in the hospitals at home; that there is no divided authority; that the nurse is in charge of them at the hospital, in that part which is not the medical part, in exactly the same profound, direct, emphatic sense in which she is in charge of the hospitals over here. And I hope very much that we may see that the active and quick response with which these 11,000 went

into the army and its service and enlisted without any thought of rank or how their responsibility should be made effective, I hope that that self-abnegation will be rewarded by Congress very promptly by allowing such rank to them as will enable them really to effectively perform the duty for which they are going and for which we hold them responsible.

It seems sometimes a little thing whether you have a title or whether you do not have a title, and in civilian life it does not matter very much—and yet it always has mattered a good deal. I remember asking my mother why Mrs. Hannah More was called Mrs. Hannah More, when she never was married. And my mother replied gently, perhaps pathetically, "Well, of course they feel very sorry for a woman who could not marry and after they get old enough they let them be called Mrs." Well, now, somehow in the army it is *Mrs.* or it is second lieutenant, or whatever it is—we have got to be called by the name that gives us the right to do our work.

As I look at the nursing profession it seems to me it is in a wonderfully formative position. You look back and it seems as if it has grown to perfection almost since the time when the Lady of the Lamp served the soldiers of the Crimea. But when I look forward to that sort of an ideal of democratic, healthful, chaste life for everybody after a war like this—when we shall insist upon a minimum standard, below which we shall refuse to let the life of the household fall, then it seems to me that I hear again Florence Nightingale say that the health of the world must lie in the hands of its women. And as I look at the profession of nursing, which is to teach and to solace the women of America and to help to bring about a standard of family life and public health and well-being—of public and community responsibility together—I confess that nothing women have ever done outside of their own households has seemed to me so inspiring and so favorable as that now before the profession of nursing of the United States. I can see nothing which ought so to invite young women of cultivation and ardor.

And here, perhaps, I may digress, to speak of a little incident which hurt my feelings a little at the time. Not very long ago I had a letter from a nurse—I don't remember the name, I am glad to say, nor the location—but it was certainly a very crushing letter and I did not think a very deserved one. She said she had noted that I was quoted in the paper as urging educated women to come into the nursing profession, and she thought that my way of doing it indicated that I did not think there were any educated women in the nursing profession. Well, I felt very badly about that, but yet it was a little grotesque, because ever since I have been grown up I have been associated with women whose education, inside and outside the profession, was so much richer

than mine that I could not have made that mistake under any circumstances. And I tried to charge it over to the newspapers, because when a newspaper man, not long ago, came into my office and said, "You are going to be awfully mad when you know what I have come in here to ask you," I said, "Now you just try. I have known your profession a long time. I am never angry with them. When I am smitten on one cheek I turn the other." And I was not very angry after all.

One thing in this great campaign that we have inaugurated is that we must have help, we must have the understanding of the doctors; we must have this country informed through the doctors as to what are the real ideals of the nursing profession, the real service which the nurse can render in this country; and we must take up that question of lying down to a peaceful and comfortable income, so that no longer will 80 per cent of this profession be engaged in private duty nursing.

If I could make a proposal which would meet with any reception from your associates of the Public Health Nursing Association, it would be that you have classes for instruction of able-bodied grandmothers and vigorous maiden aunts, who are in large numbers now behind the lines, willing and competent to do all kinds of service, and who could learn a good many of those details about baths and clinical thermometers and arranging trays and so on, which most of them now do not know and turn pale before the thought of, and which, after all, even at our age, we could learn. It is a patriotic service, and I do believe that we could not better get through our real appeal, which is to young women of education to come in and put their youth and their learning and their ardor at the service of their fellow-men and at the service of their country in the nursing profession, than by urging women of mature years to come in and put their experience and their family affection and action at the service of their fellows by learning to do a great many of the chores which you could teach them to do in a very short time.

PUBLIC HEALTH NURSING SERVICE IN EXTRA-CANTONMENT ZONES¹

By MARY E. LENT

Supervising Nurse, U. S. Public Health Service

The United States Public Health Service, as a part of its war duties, has taken over the sanitary work in the extra-cantonment zones. That work has been a very difficult piece of organization. Men who have

¹ Address delivered before Session of National Organization for Public Health Nursing, Cleveland, May 8, 1918.

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MARY E. LENT, R.N.

Associate Secretary, National Organization for Public Health Nursing, Supervising Nurse, United States
Public Health Service

been sent from the bureau have not only had to go into the zones and organize, but they have had to raise the funds to develop their own work. Their plan has been, first, after carefully surveying and investigating the needs of that particular zone, to draw a plan of what they felt was needed, then they have put it before the medical bodies, the controlling bodies of the sanitation of that zone in that state, and asked them to endorse or pass it; and with this coöperation—I think I will say coöperation, because I am going a little far to say absolute endorsement, but in the beginning they have always had the willingness of the government of that state or that community—to try it: and they have then had to look about to get the funds in order to carry out the work.

Now many of you may be familiar with what this means. When I entered into the work the first of November I had not the faintest idea what the plan of work was or how it was organized. Therefore, I am going to outline very briefly what is being attempted and what in many zones is being done most astonishingly well.

We are, first, organized for the protection of the army from disease. Incidentally, we are protecting also the civilian population—it is impossible to separate them, as you can well understand. The civilian population feel that they need more protection than the army, and the army feel that they need more protection than the civilian population, so that it is rather a difficult situation for the directing officer of the bureau always to get the coöperation that is needed from cities and county organizations.

The funds must be raised. The United States Public Health officers go before the chambers of commerce, the mayors, the city councils, the controlling bodies of business men, club men, groups of nurses, people all through the community, to get them to understand what they are there for. In the early organization of the work, since the U. S. Public Health Service had no fund for nurses for this work, the public health nurses of the Red Cross were called upon and faithfully responded to every call. The Red Cross have sent into every zone one, two, up to four or five public health nurses and paid their salaries. These nurses are put absolutely under the direction of the directing officer in charge of the zone, who is a public health bureau man.

In the majority of the zones no public health nursing has been done before, and there is no idea of what a public health nurse is; therefore our work has been slow in its development. It has required a great deal of patience, and many of our nurses have been at times quite discouraged at the lack of work that they were allowed to do and on account of the lack of power to go ahead and develop what they knew was there to be

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done. But, as you know, it is better to go slowly until it is understood by the people that we are to work with, what we are there to do.

Our educational work has been the first and the largest part up to this time. The existing health organizations have been appealed to in all the zones and have been asked to come in and organize joint committees, or to coördinate all the work, so that it can be done with less waste and duplication. This is no time, we feel, to waste one minute. As we go into the work we study the zones, we study the encampments, we go into the base hospitals—which we, as public health nurses, have nothing to do with, except to know and understand what their work is, so that we may work together whenever we can—and the understanding between the nurses in the base hospitals and those in the zones has been very pleasant to both. The work outside with the physicians, and the work in the camps with the physicians, has been in most instances very close.

I don't know whether you realize that every place where a soldier goes to eat is inspected by the United States Public Health Service, and if it can't come up to the standard of that bureau in cleanliness in the handling of the food, it is not given a permit to sell to soldiers, so that if a soldier enters that place he is liable to arrest. In a small town this is not a difficult piece of work. In a large city you can well understand that our sanitary inspectors have an enormous piece of work to do. If you go into any of the zones and you do not see the large white permit card signed by the United States Public Health Service, which must be posted in a very prominent place, you know that it is better for you to get up and go and eat your meal somewhere else. Though it is not primarily for the civilian population, they are getting so well educated along that line that they, even more than the soldiers, sometimes go in and look around to see the sign and even ask for it, and depart if they see it isn't there yet.

The handling of the food is one of the urgent pieces of work at the present; so is the examining of the water supply and the examining of the milk. We cover the 5 mile zone, and sometimes it extends to 40 or 60 miles; it depends on whether the district is helping to support the work and wishes it to go out through the section.

I said in the beginning that we are for the protection of the army. When I started out in November I even went into zones where there were, in the base hospitals alone, large numbers of cases of measles, in one zone there were as many as 1700 cases of measles among 60,000 soldiers. Now that is not so enormous, perhaps, when you count up the number of men herded together, as it were, because we may have that many cases distributed around in other parts of the country, but it is

pretty startling to go into a base hospital and see that number of men in bed with measles, and a percentage of those men have developed pneumonia, and very many have developed empyema and other bad sequelae. This seems to us a most unnecessary thing. We feel that if we can control measles in the civilian population, and then if the army isolates other cases of measles, there is no reason why we cannot lessen it to at least half that number in the zones.

There are, as you know, many cases of mumps, many cases of smallpox. There have been small—I won't call them epidemics—but there have been at one time quite a large number of cases of meningitis, which have made us most anxious. It became so bad in one zone that we used an isolation hospital and the Red Cross put ten nurses in that hospital to care for the cases of meningitis. I want you to know that in the majority of those zones there are no contagious hospitals, and the hospitals that are in the zones will not accept contagious cases. There are no places to put the cases of smallpox, and they must be taken care of—as we know they can't be taken care of—in the homes where they have been isolated; and the isolation, without the public health nurse, has been *nil*.

In one of the zones where the health officer of the city tried to convince us that it was absolutely unnecessary for us to follow up their inspector's inspection and the placard placed on the door, we found very startling things. I am going to tell you one of them. In a row of houses—five here, five here, and five there—in a poorer section of the city I went with a nurse to visit two cases she had on her list, with arms infected, it was said, from vaccination. We got off the car, which brought us to the back door of these houses, and as we entered, I noticed that there were five children and the father and mother. The father was sitting near the table. The nurse proceeded at once to open her bag and dress the arm of the little girl with the bad arm. I looked at the man, and was about to say, "Why are you at home?" But I changed my remark by saying, "How long have you had smallpox?" And he said, "Five days." He had had smallpox five days! I said (you see we entered at the back door), "Has the inspector of the city been here?" "Yes, there is a placard on the house." "Are you carrying out the directions?" "Yes." "You do not go out—you do not mingle with other people?" "No." "How do you get your food?" "It is brought to us by a neighbor." "Where do you get your water?" "It is here."

I had been studying, with one of the inspectors of sanitary conditions, the water supply of that city, and it flashed into my head that this was the section of the city where one well supplied three to five

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families. I asked, "Where do your neighbors get their water supply?" "Here."

The nurse was a little startled—she was almost ready to run. She was an untrained public health nurse, but very conscientious; we have been obliged to take in some of the very good local nurses who haven't been in the habit of entering houses with smallpox; but she saw that I wasn't frightened—or at least didn't show that I was. As we went out we had a little conference, as we walked along. I asked her, "What is your next call?" "To a house in the next group." "What is it?" "Infected arm." "Let us see if there is a placard on the front." It was another case of smallpox. It was perfectly safe for us to go in there without danger to the community, so we went in; and here was a family with three children and a mother, and curiously enough the well for that group of five houses was in that house.

I was so pleased—isn't that awful?—because I had gained the point that for seven days I had been trying to make with the health officer—that they did need nurses to go into these cases. We went from there to the department, and they at once acknowledged that the public health nurse was a necessity; and that, added to the other things that we had collected in that same zone (which is not different from the others in many ways), proved that the public health nurse was a necessity if we were going to help to protect the army from disease.

Now, I am going to show you how the army entered into this. There are a great many carpenters—there is a great deal of building going on, water tanks, reservoirs, etc., are being built; the services of men in those cities and in the surrounding country are being used all the time, and in that row of houses we found eight men employed in the camp. Then we called a meeting of the women—the army officers' and the soldiers' wives and mothers—and asked them to help us to develop some kind of protection for themselves and the members of their families in the camp. A number of women kept boarding houses and small hotels, and some had even opened their private houses or taken in relatives of the men as guests; and they said they couldn't isolate their children for communicable diseases, because it would be so hard on the wives of the soldiers—that those who were doing it as their support couldn't afford to do it, and those who were taking them in as guests didn't like to hurt their feelings. So we wanted a talk with those women to ask them to insist upon coöperation; and to tell these people who are entertaining them that they would feel better protected, and would be glad if they would isolate and allow the placards to be put up, and would let them know when they had measles or mumps, or other things in their homes. Then they could see their soldiers in the hotels or parks, or other places if necessary.

At this meeting there were five things whispered to me, and one of them was this: "An army officer's wife has measles. She has two children who haven't had it. I am in the same house. No one knows she has measles. I don't know it, but I suspect it. Don't mention my name." I didn't. That afternoon I got the address, and I went myself and rapped at the door of this house. The door was opened. It was a great big double house, a beautiful southern home, and I rapped at the first door to the right as I entered, and said, "Is this Mrs. So-and-So?" "Yes, will you come in? I am afraid I have measles, but if you are not afraid of it, come on in." I said, "No, I am not afraid of it. (Don't get very near to me, please.) I would like to come in. It is not that we are particularly worried about this, but I want to talk to you a minute, if you don't mind." Then I said, "What made you think you had the measles?" "Well," she answered, "the other day, Christmas Day, when I sat at mess with my husband and sixty-two other officers, I noticed a rash on my hands, and then I felt my face and felt a little rash; and I said to myself, 'I am about coming down with measles.'" "What did you do?" I asked. "I pulled my sleeves down to cover it up." "How long did you stay?" "I spent the afternoon there." "Does your husband come home to see you?" "Yes, and he even brings his friends in the afternoon." "I understand you have two children?" "Yes." "Have they had measles?" "No." "Where are they?" "They are out in the garden playing with the other children." I looked out of the window, and there were ten or twelve little children playing together. I asked her if she would call them in; and little Jane was all broken out with measles, and so were some of the other children.

Now, we explained to her what it meant. That is only one or two of the hundreds and hundreds of cases that I have run into all along the way. They don't mean to be careless; and when I explained to that woman that it was criminal to expose those soldiers to measles, "Why," she said, "everybody has to have measles. I should feel that my children were abnormal if they didn't have it."

The Young Women's Christian Association had five cases of measles, and other women were in the room with the patients, going out to the Western Union Telegraph Company and talking with people, and handling food stuffs. You see the necessity for the study of those zones by the public health nurses.

The bureau has come to feel that the public health nurse can reach these things better than any other possible agency. You do understand that the United States Public Health Service, in the past, has had marine hospital and institutional nurses but they have not been accustomed to sending their nurses out into the field and into the homes,

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and naturally many of our very excellent directors, who are extremely well fitted for this important business of war service, and represent the public, I think, of our country, are not altogether familiar with the methods of the public health nurse and her great possibilities. But they are gaining this knowledge; they are helping us, and they are going to help us more and more.

I am saying this particularly to the cantonment nurses who are here, so that they will take courage to go on. We none of us can do the things as well and as fast as we want to do them. It doesn't matter whether we are in zones, or whether we are in hospitals, or in the different walks of life, doing all kinds of work that women are doing; but we do know that if we just stick at it long enough we are going to win out, because we have proven that we can do it, that we have our great and enormous possibility of work to do; and as Miss Wald, our Honorary President, has just told you, we have the opportunity—an opportunity that many of us never expected to see, an opportunity to develop our work and to make the public health nursing work in these fields a permanent thing. I would not be so interested as I am if I did not feel that it was to be permanent.

The laboratories that the government has in all these zones have been a great help in every way. We have the advantage, in many of the zones, of working very closely with expert bacteriologists, men who have been connected with and are now doing some of the most unusual research work that has ever been done in America. Many of our nurses have had the opportunity of working in the laboratories. Many of them have felt that it was a definite possibility of work, and the opportunity has not been wasted. Other nurses of our—shall I call it our staff?—have had the opportunity of going in for general inspection. It has given them a chance to see how this enormous piece of work is going on.

During the past month or longer we have been doing a great deal of malarial work in the zones; the nurses have been, in some instances, studying the school children, getting material, finding out the history of every child in some of the districts or communities near mosquito breeding places. It has helped in science, it has helped the development of the malarial work enormously, and the physicians in the zones have in many instances been the first to acknowledge it—sometimes after their attention has been called to it, but in some instances before that.

The work has necessarily had to be limited; and this is a thing I hate to tell you—we can't do much bedside nursing because our staffs are so small; it has been the hardest problem of all to decide which was

the most important. I think that is the hardest thing for any public health nurse to decide. It doesn't matter whether it is now or in the past, we have always found it hard to know where to stop—just what the greatest need was. It is harder than ever now, because we have so few nurses and face a great emergency. We have had to say that we are for the protection of the army from communicable diseases, and therefore we must limit our nursing work to nursing demonstration, and repeated demonstrations where they are necessary; and that we must teach the people to do it more and more for themselves. In these communities where there are so few institutions, and we know that 90 per cent of the sick do not enter these institutions, it is the hardest work the nurse has to do to teach, or to teach so effectively that every family, every school child will begin to feel its individual responsibility to help fight disease; and how, when they have disease, they can help to take care of their own sick.

We have taken charge more or less of the schools in these zones. We have made very careful inspections of the school children. Nurses have been put into the schools in some districts, or zones, exclusively for the school work. I think this whole audience probably knows that I believe in generalization with supervision of specialists, and that in a small community or in a zone we ought, if possible, to generalize, because the nurse who sees the child in the school, if there is no one to follow that child into the home, is not doing a finished piece of work—on the contrary, she is wasting three-fourths of her time.

We have tried, as far as possible, to coördinate all the nursing agencies, as I mentioned before—the Associated Charities, the Social Service Bureau, the Visiting Nurse Association, Board of Education and city nurses, doing school or other types of public health work, the local Red Cross; and of course the nurses under the United States Public Health Service, have all united and put their work under the direction of the directing officer of the United States Public Health Service. And then the city and county communities that were under the particular zone have been divided, and every nurse has taken charge of a particular district; in three zones this has been worked out successfully.

When I started out I felt that the school work was one of our most important pieces of work, and the following up of the cases reported by physicians; and this has been one of the marvelous developments. It will interest you to know that in most zones the nurses find 50 per cent of the cases that have never been reported and have never been diagnosed at all; of course the nurse doesn't diagnose them, but she has the right of inspection, and if a lay person can fill out a card and report

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a case to the health officer, we have felt that the nurse could do it too, and we have worked on that basis, and the nurses have brought in more hidden cases than we have gotten through any other channel.

A nurse said to me in one of the zones early in the year—early in November, or December or January—"What are we going to do with all this child welfare work? Here are these children—here are these babies, even mothers—what are we to do with them?" Well, we sat up nights studying over what we could do with them. (The nurses in the zones have helped me a great deal more than I have helped them, I can tell you that.) And then we planned out together what we could do; and we tried to control ourselves by saying, "We will do all we can with the babies and the children now. The moment the schools close" (and the schools in the South close very early) "we will concentrate and devote our time to that particular work." But one of the prominent women of the country, who is connected with child welfare, said, "Prenatal, maternity and child welfare is not a communicable disease." I don't know how you would interpret that, but I thought she meant "Hands off," so I went off. At that conference we were in Hot Springs, and the next day I went to her and said, "You meant that, did you? You meant that if we are in the zone and there are no infant welfare nurses—if you haven't been able to put any in, and we have only four or five nurses, and the population is 60,000, and there are 100,000 soldiers outside—that we are not to touch the babies and the mothers?" She said, "No, not exactly that—but can't we get together?" That is what we are trying to do; we are going to have a definite program and also to look after babies and mothers just as much as we can. You cantonment zone nurses, work it in—but just remember that it is not a communicable disease. We wouldn't like to be sent home for disobeying orders!

A unique situation has developed in one of the Texas zones. This is the prenatal and maternity care of the young soldier's wife,—the wives of the non-resident soldiers we have in the cantonment zones. I believe sixty cases are being carried in this zone. Whose responsibility are those mothers, is what I am asking? Are we going to be willing to send those women back to rural sections and towns where they can have no maternity or child welfare care? Are we going to be willing to stand back and say to those women, "You don't belong here—we have only nurses for communicable diseases, therefore you had better go home—or you can stay in a little damp basement or attic room," as many of them do in order to be near their husbands? Their husbands come and say, "Please don't send my wife back—I want her here." We want to encourage them, of course. It seems to me we must give them the right

care. We can't put nurses scattered through rural sections all over these states of ours; but if we can get the women together in cantonment zones we can take care of them with much less expense, and we certainly can give them better care. In one zone they have a hospital where they take all cases—the women who are unable to pay, even with their allotment, which is very small. They pay as much as they can, and the Red Cross committee have furnished a worker, in this particular zone that I am thinking of; and these women are put in and taken care of through their confinement. Many of them that need more attention, and even a week or two's care, if necessary, are very carefully looked after. This seems to be a most ideal thing, and I am fearful that it is not going to be continued, because it is felt that that particular unit cannot put so much money into that one piece of work.

One of the most important pieces of work that we are doing in the cantonment zones is that in connection with our venereal clinics, and it is going to grow more and more important. We feel that we are really doing things along that line, and we are going to get more support and help than we ever dreamed we could get, because the medical men throughout the country are reporting their cases—they are sending them to our clinics, and people themselves are coming voluntarily and are bringing their children, in many instances, for Wassermann tests. We are really doing great things in this direction.

I could just talk on for weeks, it seems to me—I have so much to tell you I hardly know where to begin or where to stop. I have always been a district nurse, you know, and that was one of our weaknesses, never to know when to stop. But I feel that many of you don't realize the enormous amount of work we have to do. I am so overwhelmed with it at times, and so are the staff, that we feel that we are not touching even the high places. We are going to hang on, however, and we are going to beg for more nurses. Who is going to give them to us? The staffs of the different visiting nurse associations throughout the country have in many instances been most generous. They have let their women come, and they have been willing to say that they would get along in some way, and if we needed more would send them. Just a short time ago I had a telegram—I was pretty desperate—from one of your nurses here, saying, "I will relieve my assistant to come out and help you to do a piece of work for three months, if you need her." That was a magnanimous thing to do, and I appreciate it.

In regard to recommendations my judgment isn't the last word, by any means; it shouldn't be. I never, however, make a recommendation without consulting all the nurses in the zone, the directors, or any one else who will listen to me. I have had to go before boards of educa-

tion, chambers of commerce, city councils, mayors, etc. The club women have been perfectly wonderful to us—they have given me the support and backing that has been, I may say, almost the greatest help I have had in the community; the Public Health Department of the General Federation of Women's Clubs have promised their support and their entire work for two solid years for public health work; and just now in Hot Springs they are putting a resolution before the Board of Health of the General Federation to have a section for public health nursing. And that is really one of our great victories.

I am talking too long; as I said before, I don't know when to stop. I haven't told you the half—I haven't begun to tell you what I wanted to tell you. I want more of the public health nurses of the country to be willing to come into this zone work. We need you terribly. In five zones the directors have told me that it was impossible to get public health nurses. I have not been able to investigate that. I have been to seventeen zones, and we have 138 nurses all told. Out of that number 63 are Red Cross—they were, the last time I had a report—and the others were supported either by the United States Public Health Service, or the city, or the Board of Education, or the tuberculosis society, or the chamber of commerce, or any social agency that we could get to pay for a nurse.

Now, it has been perfectly wonderful the way the United States Public Health Service has been able to work that all out from one head; and I believe this is where we have been able to accomplish the greatest victory of all.

OPPORTUNITIES AND RESPONSIBILITIES OF LAY PEOPLE TO COÖPERATE MORE FULLY WITH THE NURSING PROFESSION¹

By ISABEL W. LOWMAN

I am very glad to say a few words on the subject of the opportunity and responsibilities of lay persons to coöperate more fully with the profession of nursing, since the keenest interests which have come to me outside my own immediate family obligations have been those in some way associated with nursing. In fact, it has been through the relationships which I have had with nursing that a good part of all my energies, hopes and ideals have had their best chance to come into active play.

¹ Paper read before session for lay members of the National Organization, Cleveland, May 7, 1918.

As a result of nearly twenty years of such association I can quite truly say that I consider the opportunity and responsibilities of lay people to coöperate with nursing among the most important obligations which come to them.

You must forgive me if I approach the subject sometimes from one side and sometimes from the other, because in my own experience they have become so closely inter-related that I see first one side and then the other as the side which should seek out and endeavor to interest the other.

"No one of us lives or dies to himself," and no occupation or profession is independent, as far as its progress and development are concerned, of the people for whom it is exercised and because of whom it exists. Consequently, there must always be an interaction between the persons who supply a need and the persons who feel this need, and it is certainly in a measure true that in proportion to the general intelligence on the subject will the level of the standard rise. Who can then doubt that one of the chief duties of any profession is to enlighten the understanding of the public which it serves and to create a demand for good work, instead of that which is mediocre or poor?

The very close alliance between lay people and nurses in the work of public health nursing has had the effect of increasing greatly the popular interest in such organizations. The very fact that a large number of such organizations are supported by private contributions makes it necessary to conduct campaigns for money raising, and as people are increasingly reluctant to give unless they know how their money is to be invested, it follows that such campaigns must always have an educational character in order to succeed. Thus it is that exhibits, lectures, and articles in popular magazines have familiarized an increasingly large public to understand the nature and purpose of nursing as a profession. However, it is much easier for lay persons to grasp the significance of the active field work done by nursing organizations than to understand the principles, ideals and ethics which constitute the foundation of nursing itself—the most ancient of woman's occupations, though the youngest of her professions; nor can they always understand that the whole body of nursing must stand as one in order to preserve the treasure with which the slow centuries have endowed it.

In nursing, as in other professions, there arises a differentiation incident to a two-fold purpose, that is, earning one's livelihood and serving one's fellow man. The rugged Scotch missionary in Africa, who, when asked what his business was, replied, "My business is to serve God, and I cobble shoes for my living," had come nearer than most of us have ever come to the ideal attitude of all work. In the case of nursing, the

striving for a constantly better standard through the endeavor of strong individuals supported by organized numbers has raised the level of nursing to an extraordinary degree, especially in this country during the last two decades, and it is this courageous, steady working for surer and better conditions on the part of the leaders of the members of this profession which has secured for nursing the power and status which it possesses.

This is why the laity should be careful now to a degree never quite so necessary before, to inform themselves thoroughly before proposing sudden changes in nursing policies, especially with reference to the needs of the Great War. At least, one should have the best information one can get and the constant counsel of those who have given their time and thoughts to nursing interests.

Sometimes it has seemed to me, personally, that there is a temporary economic danger in the very closeness of the alliance between the members of boards of trustees and staff nurses of public health nurse associations. The nurses know that their salary comes from funds contributed by the public. They know that these funds are limited and that there is much more work to be done in any community than the treasury can be increased to pay for. They become intensely interested in the work itself and are willing to forget, to a certain extent, the question of adequate compensation. The trustees are in much the same dilemma. The work presses and they strain the resources under their guardianship for the purpose of meeting this increase of work. They, as well as the nurses themselves, forget that the pressure incident to daily living ought not to turn one's mind from a rational survey of the things which are fundamental to long continuance of such work on the best basis obtainable.

During an economic period which has seen an extraordinary increase in all the ordinary expenses of life, and when increases in salary should measurably conform to these increases in the price of bare necessities, we are struck by the fact that no thorough analysis of this question of public health nurse salaries has been made. I mean such an analysis as would enable us to understand just what discrepancy exists between the income and normal expenses of a public health nurse, or just what effect the admittedly low salaries of staff nurses on privately supported or municipal associations have in keeping large numbers of nurses from taking up this corrective form of community nursing.

The war forces upon us the necessity of increasing rather than decreasing a system of nursing care by which it is possible for a single nurse to serve, daily, many households, but if we fail to make this economically possible for the nurse we will close the door to many individuals who

would immeasurably strengthen public health nursing work and who would increase the value of our service.

From a general point of view, also, it is exceedingly unwise not to consider closely the worth and earnestness of an overwhelmingly large number of nurses in their family relationship. Organizations which are striving to do constructive work ought to help maintain such constructive work as is quietly going forward on the part of persons as individuals. An exceedingly large number of nurses help in the support of members of their own family, in the education of younger brothers and sisters, and in the maintenance of the home. Ferrero, the Italian historian, states that it was the failure to relieve the strain of the numerous population in Rome who were industrious, self-supporting and constructive in their daily life and to overestimate the claim of the shiftless and lazy element which caused the downfall of Rome itself. However this may be, it certainly seems that professions having an intimate and multiple contact with human beings, as have medicine, the church, teaching and nursing, are in many instances supposed to have spiritual compensations which indemnify them for a lesser claim to material recognition. In a word, they are popularly regarded as missionary vocations. There is no doubt some hidden reason for this, amply justified from a philosophical standpoint, though one cannot help feeling that even the most ancient sanctions should from time to time be obliged to justify their validity at the bar of common sense.

This examination into the matter of nurses' salaries should be undertaken methodically and should be urged upon all of us, not only as a matter of justice, but of expediency as well.

The private duty nurse, who is recognized to have a business relationship as well as a vocational attitude towards her patient, is in a position to ask what she and her sister nurses consider an adequate compensation for their service. But the public health nurse, Red Cross nurse, and, to a certain extent the institutional nurses, are so involved in the side of their work having to do with the sentiments of patriotism and humanity that I conceive it to be the duty of coöperating lay committees to take the whole burden of this matter upon themselves and to make so thorough a study of it as to enable them to arrive at an effective and wise decision. A decision of this kind will surely have an important bearing upon the whole question of nursing as to strength and numbers.

Some of the learned professions seem to have set a bad example in this respect and to have held that a certain withdrawal from the public and a certain mystification of the client make for a greater dignity and power on the part of the profession itself as though, in fact, the knowl-

edge of the profession were augmented through the ignorance of the lay person. This seems to constitute an appeal to the weaker rather than the stronger side of human nature, and to deepen a gulf over which it would be better to build a bridge. In any case, a vocational profession such as nursing can only gain by the closest, frankest, and most friendly alliance with lay persons, the vast variety of whose needs and acute necessities have hardly been touched as yet by modern nursing.

If, however, it belongs to the persons constituting a profession to work for the development of constantly better theory and better practice, it is assuredly necessary that the vast mass of persons not so intensively engaged should not only inform themselves of such struggles but should make their interest manifest.

An enlightened public opinion is the best guarantee any profession can have for sound and sure progress, and in order to be enlightened one must become active, and must recognize that sins of omission are mentioned side by side in the confession with sins of commission. Not to know is not to do, and not to do is to miss the purpose and meaning of life itself.

There were, perhaps, always these persons and classes of persons who will be more active, more resolute in the struggle for better conditions and better things, but it will be partly their own fault if they fail to associate with themselves in this struggle persons of lesser ability, lesser opportunities and lesser training.

With whom does the responsibility rest of establishing this necessary reciprocity of relationship? With those who have the special knowledge or with those who furnish the medium for its exercise? Clearly there is responsibility on both sides, and also an element of favoring circumstance which, to some of us, seems often to partake of the nature of chance.

However, in the main it is certainly the duty of persons who are especially enlightened, to make life and to attract interest and coöperation from all sides. It seems to me that the vitality of any profession or calling will of its own motion widen the circles of life about it. In this way the dividing line between special knowledge, and ignorance of that special knowledge, will result in an intelligent understanding and support on the part of the public for the ideas and principles which a vigorous profession has taught it to value and support.

Such an understanding has, I believe, been firmly established between the profession of nursing and a large number of so-called lay persons, who, in increasing numbers, are associating themselves more fully with the hopes, aims and desires of a profession which has no equal, I believe, in its opportunity for general practical usefulness. To my

mind, there is no fitter representative of the democratic idea which we all agree we are now battling for with all we possess of goods or life, than the nurse who has won her way into so many offices of public and private usefulness that one looks to her now as to one of the honored interpreters of her time.

Fortunately for us, the growth and spread of nursing organizations throughout the country, and the fact that an increasing number of books and articles are being published on nursing and its manifold aspects of usefulness, makes it possible for us all to inform ourselves as to a profession which has exerted and is exerting so important an influence in the social life of today.

There is a very ancient picture which represents the early idea of the laity in the Christian church. It portrays the priest at the helm and the laity at the oars. Needless to say that in this fine old picture the laymen are rowing with a vigorous stroke. They represent the force and ardor of numbers, while the one who is especially chosen to steer the craft makes himself responsible in keeping the boat on a true and steady course. Nothing has ever seemed to me to represent more truly the ideal relationship between the laity and those who have special knowledge.

In the present world crisis, when so many persons ardently desire to take care of the sick and wounded among our armies, it is more necessary than in normal times to consult the wisest, as well as the most liberal minded of the members of the nursing profession as to how technically untrained persons may follow the dictates of their own hearts in this matter of helping, and yet, at the same time, use their energies so that they will be carefully coördinated with all other such efforts in a way to become supplementary and helpful to the body of skilled nurses, instead of destructive of the standards which nurses have so patiently built.

Economy, conservation, and the thoughtful application of sound principles to this matter of adjustment will serve the whole cause far better than impulsive action, no matter how praiseworthy its immediate objects are. Lay persons must build themselves into the needs of nursing—reinforcing and strengthening such places as are fit places in which to pour their activity. Their numbers, their greater leisure, their more varied contacts, sometimes even their wealth and freedom from money strain, make it possible to help nursing in countless ways, if they will but row instead of take the helm.

There is a sufficiently large group of nurses at present who possess keen vision, practical insight, experience and a liberal understanding of all these issues to make it possible for lay persons to find sympathetic

and ready counsel. Most happily these nurses have shown their desire to coöperate ever more closely with the lay members of their organizations and institutions. Also the judgment, firmness, self sacrifice, and force which they have shown during their hour of national and world crisis, have proved that they are capable of steering the bark and of calling more men to the oars.

One's own individual experience is always a cross-section of life lived in common with everyone of one's period, so that I have only to think of the ways in which my own personal friends and associates have helped to further nursing interests to know what other lay people are doing all over this country. For instance, our own local Woman's Committee of the Mayor's War Board, Council of National Defense in Cleveland, decided that it would be necessary to hold a large public meeting for the purpose of helping to interest young women in the profession of nursing. Two hundred extra pupils were wanted by five of the best local hospital training schools. It was necessary to make a vigorous effort to assemble the kind of audience from which such pupils could be recruited. The committee in charge of this meeting worked early and late for over two weeks in preparation of the meeting and its audience. As consultants, they had on their committee some of the busiest nurses in Cleveland, whose opinion on nursing matters is accepted as final by their fellow nurses. Not once was an illiberality or lack of sympathy encountered between these members of the nursing profession and the lay women who were throwing themselves so wholeheartedly into this work. The meeting was a tremendous success and because of it many pupils were recruited for the training schools. The lay members also recognized that many pupils otherwise eligible for such training are yet kept from entering a hospital training school because they cannot afford the necessary expenses involved in several unproductive years. Consequently, the matter of scholarships was taken up with some success with the Mayor's War Board and the whole matter of the need of more pupils in the hospital training schools was brought vividly before the minds of many persons who had never thought of it before.

Personally, I feel that Red Cross Chapters should make such scholarships a part of the regular assessment on their educational department. It is because of war needs which, of course, are represented by the Red Cross, that the shortage of nurses becomes manifest. Military needs cannot draw indefinitely upon a limited supply unless the sources of that supply are fed. One must have forethought in these matters. It takes at least two years, even in war time, to make a nurse, assuming even then that a part of a nurse's training is active service after she

leaves the hospital. The only way to have enough nurses to meet the ever increasing need is to feed the sources of supply. It will not be enough to cry out a year or two later that there is a shortage of skilled nurses and that it is therefore necessary to accept unskilled nurses. Better attend thoughtfully and carefully to our present job of keeping a steady flow of pupils into the training schools.

It will not be necessary to disrupt good work already done or to unmake standards if we will only invest our energies in the right direction now. Lay persons have an important obligation and opportunity to help in this matter.

Every principal of a hospital training school, every superintendent of a visiting nurse association can testify to the countless ways in which lay members have helped to develop and extend nursing work, yet she knows that their education in nursing matters and their interest in all things pertaining to the special province of nursing must often be guided by one who possesses a more thorough understanding of nursing ethics, as they apply to the profession as a whole, than it is possible for lay persons to possess.

When we speak of the professional status of nursing, or of the successes which nursing has won, we speak of corporate success—corporate achievement. But in all professions and occupations there is so wide a variation between individual members that one can only deal with the subject collectively. Most of us know that the very conditions under which nursing instruction is usually given make of the early period of such education an apprenticeship. The need in which hospitals are placed to care for their sick makes it necessary for the pupils to give, constantly, as well as to receive—indeed, until very recent time the hospital taught the nurse primarily in the interests of immediate ends—ends which existed so pressingly in the hospital itself that they in themselves constituted the reason for the hospital training school. And who shall say that this matter of giving as well as receiving, of putting into practice the things just learned, of working one's way instead of being carried along, has not been one of the elements of strength in nursing education? Nevertheless, such a system of education, together with the strict discipline with which it is attended, has a tendency to lessen the initiative of nurses and to make it much more difficult for them to act independently than for persons educated under a more liberal system. Consequently, all efforts for the improvement of nursing education, and for progress towards new goals must be made by such members of the profession as have the courage to act in spite of a tradition which inclines them passively to accept whatever can be called a *status quo*.

At every turn, at least in the affairs of a democracy, we find a lay committee called upon to give a verdict. Beginning with the juries in our courts of law, proceeding through all the departments of our institutions, both secular and religious, we find lay committees called upon to appraise the qualities of specialists and to pronounce their opinion upon special matters. How important it is, for instance, that the minister of a church should possess the qualities necessary to make his congregation ardent, active and faithful; but it is a lay vestry which must appraise his merits and ask him to assume the charge of this congregation. Lay school boards decide upon matters of education, and layman, not specialists, are vested everywhere with the final judgment which determines the value and worth of individuals for special avocations. This being the case, is it not of the utmost importance that public opinion should be especially awakened and enlightened in countries built up upon the principle of majority? Indeed, not to know all one can know, in a general way, of conditions, is, especially when one has made oneself responsible by accepting a trusteeship, to betray a trust and to betray still further the very principles by which a democracy stands.

If the principles and purposes which actuate nurses in their repeated efforts to obtain just laws which shall protect the standards of nursing have often failed and often have been effective only after unnecessarily prolonged periods of hardship and misunderstanding, it has been because of the apathy and inertness of the masses of people who have failed to inform themselves as to the issues involved or the good which was constantly put into jeopardy because of this inexcusable inertness on the part of lay people.

Many persons who occupy positions of importance on hospital boards and as trustees of nursing organizations are without really necessary information upon these matters, so that their trusteeship is often confined to the administration of the material wealth and properties of such institutions and organizations and their energies are often largely diverted to the narrower sides of internal discipline and management. But, here again, the specialist can often remedy the defect of such a system by giving the counsel and advice of which his or her lay board stand in need. It will largely depend upon the nurse herself to rouse in her committee a live interest in the general aspects of nursing.

The last twenty years have brought about an astonishingly close relationship between groups of lay people and nurses and one cannot but believe that this relationship will grow stronger and more useful as lay persons and nurses increasingly work together to solve many of the difficult questions now confronting our country and the world. Be-

cause in this terrible period of the world's history, when so much is being destroyed and broken down, there must be a corresponding increase in the forces which are to re-animate those who are borne down by discouragement, who must bind up wounds, nurse the sick, and steadfastly stand a watch in a dark and painful hour.

The world throbs with energy, pulses everywhere beat more quickly and our feet hurry us, we know not whither. Untrained persons wish to do the work of those whom discipline and habit have fitted for the hard ordeal. But among all the eager lay multitude who are anxious to serve in new and unfamiliar ways there is so much energy, willingness, and desire, that it constitutes a mighty volume of power which ought to be put to use. There is so much to be done that the mobilization and adaptation of energy to fitting ends should be one of the most serious problems to which trained persons can dedicate themselves.

RECENT DEVELOPMENTS IN THE PREPARATION FOR PUBLIC HEALTH NURSING¹

BY ANNE HERVEY STRONG

Director Department of Nursing and Health, Simmons College, Boston

Those of you who attended the meeting of the Committee on Public Health Nursing Education in Philadelphia last year will remember that we were engaged in trying to formulate standards for post-graduate training in public health nursing. You may remember that we had very interested and spirited meetings that adjourned day after day and hour after hour and kept going pretty much through the entire session, finally ending up, though faint, yet pursuing, in a kind of lumber room in the Bellevue-Stratford, where at eleven o'clock one night I was obliged to leave the meeting and the discussion was still going on.

Now it is a fortunate thing that we did do that work last year, because we had at least something to tie to this year, when we see the modification of almost everything that we have ever undertaken. The problems that have come before the Committee on Education this year can be gauged somewhat by the general problems that have come before the nurses as a whole—that is, the problem of the probable shortage of nurses has also had its counter-part, in a small way of course, in the present shortage of public health nurses. The problem of shortage and more efficient training has again had its counterpart in the public health nurses' training.

We have had so many things to deal with and so diverse, that I

¹ Address given before session on Public Health Nursing Education, Cleveland, May 8, 1918.

sometimes think these things that we have got to attend to have, in my own experience, only a parallel on the second day of my hospital training, in the list of things my head nurse told me I should accomplish between seven and eight o'clock in the morning. I might say that I never accomplished all those things, but as I looked with feelings of horror at the list of things she said I should do before eight o'clock—which no human being ever did do, in that hospital, or any other—I had something of the same feeling we have in looking at these problems that have confronted us in the Education Committee.

Of course, the two big things before us are, how we can train a great many more public health nurses, that is, in the shortest possible time; and how we can train public health nurses a great deal better than we have ever done before, especially in a shorter course. Those two problems are practically incompatible. We have not devised a plan by which we can train public health nurses in a very much shorter time and train them a very great deal better to meet all those needs, all those demands, that are coming piling upon them, and which never were heard of a year ago.

The result has been rather interesting, because it has led to action in two extremes. We first of all strengthened, just as far as possible, increasing just as far as possible, our regular courses in public health nursing, those that cover one year, that were spoken of as our standard last year. We are also doing what seems a very curious thing at this time, planning a course no less than five years in length; and to mention five years in a time when everything we wish to undertake ought to be done by day after tomorrow at the very latest does seem a frightfully radical thing.

Nevertheless, as we look at the demand for better educated people we realize we have got to begin at the very beginning. Therefore, we have those two interesting courses that have been announced, for instance, in the Presbyterian Hospital of New York and Teachers College, with two years in the college and two years in the training school and then a fifth year. We are doing an analogous thing in Boston. We have just announced a five year course, with the two years of the college, very carefully selected work which we think will give a basis of scientific work that nurses should have before going into the training school; two years after that in the Massachusetts General Hospital, and a fifth year in whatever specialty the nurse selects; the special object, however, is to offer the public health training in the fifth year. And, as a result, the nurses will really kill three birds: one student this fall received a Bachelor of Science degree from the college, a diploma from the training school and a certificate of public health nursing given to those who take the specialty.

The great need for more public health nurses has stimulated the multiplication of courses. Last year—it seems a very short time ago—we were greatly concerned to find the fact that there were such creatures as public health nurses inside the colleges. And now we have gone so far that colleges keep writing to us to know how they can introduce those courses in public health nursing. They have at least heard the name, they know the need and they are ready to coöperate to the very fullest extent in putting in courses of this sort.

We realize very well that those post-graduate courses will not in the present fulfill the need of the country for a sufficient number of trained public health nurses; the number of nurses who can afford even a course of four months' preparation, who can stop their regular work, who can free themselves from the ties that they have and go to the post-graduate courses, even for the shorter ones, is not going to be sufficient to supply the present enormous needs. In this particular case, the war emergency is doing what war emergencies do not always do. It is resulting in the accomplishment of a thing we consider sound and would very much like to have anyway, whether there was a war or not; and that is, the introduction of some public health nursing training in the third year of the hospital training.

We are planning in Boston to give the regular four months' course to a group of twenty pupil nurses who will begin with us the first of June and for whom the Red Cross have provided scholarships. That will be repeated three times, so that we shall have sixty pupil nurses by the end of the year who have had the regular four months' course of training, and will therefore be ready, as soon as they have graduated from their hospitals, to go out into real positions.

The Nursing Committee of the Council of National Defense have urged this. A similar thing is being done at Henry Street and in other places; it is a very promising and very hopeful thing. We hope that it may be strengthened and extended so that we shall have nurses who wish to specialize in public health nursing getting a sufficient training before they graduate, before they accept positions and go immediately into the field of work.

Now, again, we have another thing to present, which the Committee on Education is very shy about giving any name; but whatever it is, we are at present calling it an emergency training. We are not calling it even a course. We might as well face the fact that, even making these arrangements for pupils—even strengthening and increasing the post-graduate courses and all the rest of it—what we need is more nurses *now*; and if we are going to bear a worthy part in the children's year campaign we have got to do something to meet this as nearly as we can.

It is a little difficult just to keep our heads in this particular emergency and to think clearly about what we may do to contribute to the situation and what we may not do for fear of making the situation actually worse than it is.

There seems to be a very common feeling about a course in anything that it is a kind of fetish, more or less. You take a course and enter into the course and get out of the course and therefore you are trained, without regard particularly to what that course offers. I have had nurse after nurse say to me, "Isn't the four months' course just as good as the full year's course? If I have had the course isn't that enough?" Now it depends on what there is in the course, and courses vary. We have got to be very sure that when we have our shorter courses they are not superficial courses. A short course may be very sound so far as it goes; but just as long as we appreciate its limits and see that our students appreciate its limits, that course can be safe-guarded; and I think it is a very, very conservative person who will say that in this present emergency half a loaf is not better than none. We feel this very strongly and for that reason we feel justified in going ahead to see what we can do in this present emergency to help the general situation.

This, of course, has been very frequently put up to the Educational Committee. We had two meetings in Philadelphia in March, and the report which was then drawn up with recommendations has been sent to the Executive Committee of the National Organization. I want to repeat those recommendations now, so that, as nearly as we can, we can understand clearly just what the Education Committee has in mind in recommending this emergency training, which I beg you to remember, we are not offering as a complete course in public health nursing. I will read part of the report which will be submitted as a report of the standing Committee on Education.

Your committee in its report at the last annual meeting committed itself to certain minimum standards for post graduate courses in public health nursing. We steadfastly believe that the recommended minimum is still the least training that can in any sense be considered adequate preparation for the service the nation now so insistently calls upon the public health nurse to perform. The committee has nevertheless been both unable and unwilling to disregard the altered situation resulting from war conditions and the very imminent danger that women not only without special training in public health nursing, but even without the training of a graduate nurse, may be thrust into this field of work.

I suppose you all realize that that is not merely a hypothetical thing; that that is exactly what is going to happen unless we can in some way handle it. It is a question that is distinct from the question of volun-

teers or nurses, those who are ready to do an untechnical part under the direction of a person who has been technically trained. To put out any woman without technical training to do the work that we believe only a technically trained, that is, a graduate nurse can do, we consider a very real danger, because in the long run it won't do the work. If it might do it, it would be a different matter. What it will simply do will be to delude people, so to speak, and the work will not be accomplished as it might be.

When the Federal Children's Bureau announced its plan for the children's year the fact became clear that without an adequate number of public health nurses the campaign cannot achieve a full measure of success. This fact was again emphasized when the State Child Welfare Chairman of the Council of National Defense, meeting at Washington on March 15, passed the following resolution:

"Resolved, that it is the sense of this meeting that public health nurses are absolutely essential in carrying out the program for the Children's Year. We feel that there is at present a great shortage of public health nurses. The conference requests the Committee on Public Health Nursing of the Council of National Defense, as well as the National Organization for Public Health Nursing to devise and carry out ways for increasing the supply of public health nurses in the present emergency."

In view of these demands your committee feels it impossible to stand aloof and refuse to act, even though it involves modification of our hard-won standard of training. An attempt has accordingly been made to formulate standards for emergency preparation in infant welfare work. We believe such action to be justified. In the first place, the exigency of the situation cannot be disregarded. In the second place, failure to devise a plan by which greater numbers of nurses may be put speedily into the field would, in all probability, result in the employment of lay women for work which we believe nurses alone are fitted to undertake. Finally, we believe it imperative for the National Organization to retain its leadership in establishing and maintaining the standard of training for public health nurses; if the organization fails to formulate a practical plan it will hardly be in a position to exert influence over the new emergency courses that are sure to be established, or to assure adequate supervision of the subsequent work of nurses thus hastily prepared.

The definite recommendations which I am about to read were drawn up by Mrs. Haasis:

1. That the Child Welfare Committee of the Women's Division of the State Councils of National Defense be urged wherever possible to employ State Directors of Public Health Nursing, who shall stimulate the recruiting of nurses for public health work and shall act in a supervisory capacity to the new workers as they are placed in communities.

That is really the essential feature, I feel, in this program that we have under consideration. If we had a woman in each state who was responsible for finding out local needs, for finding out local facilities,

for getting the best women available in the field and supervising them everywhere, we could minimize that danger, I believe. In a number of states there are women already in positions who can carry that work, so it does not mean a new position created in states where adequate work is being carried on. In states where there is no one to carry on that work especially I feel that a woman of training and experience should be there in order to maintain standards and also to interpret local needs.

2. That the work of the State Directors be affiliated as closely as possible with that of the State Boards of Health.

3. That the National Organization for Public Health Nursing advise such child welfare committees that through its executive office and educational secretaries it stands ready to give all possible aid in securing directors and in developing their work.

Now this is a bomb that I am about to explode, and some of you who have followed the work of the Educational Committee will realize that this is very radical.

4. That two months of field work be considered the minimum in preparing nurses for active work, and that this time shall be spent under an organization whose standards of work and supervision are satisfactory to the National Organization in this connection. The Committee recommends that wherever possible such field work shall include prenatal advice, post-partum care, the preparation of milk formulae, attendance at baby clinics, the Children's Bureau to furnish standardized literature for distribution to mothers.

5. That wherever possible the students shall have their lecture work during the field work period. Where this is impossible, that one of the educational secretaries shall be sent to a state or group of states to give the assembled students a two weeks' intensive conference, to be attended by the State Director, with a view to her repeating the conference to other groups as the occasion arises.

6. That no nurse be given the intensive conference unless she be a registered nurse, or eligible and, for some reason acceptable to the director, not registered as yet. That candidates with superior training be given the preference.

7. That the intensive conferences shall be given only to nurses who have completed at least one month of field work satisfactorily, have a definite prospect of employment and have agreed to accept a public health position.

Now you see what would happen would be this. Suppose you take some communities which are unable to get conferences. They are very eager to start this child welfare work, unable to get a public health nurse to come there and do it. What those communities would do would be to appeal to this State Director of Public Health Nursing, who would look over the situation as carefully as possible. She would say to them, "If you will select some nurse in your community whom you know, whom you would like to have prepared for this work, we will

undertake to send her to some place within the state, if possible, where she will have some field work. That woman will not be sent unless she is actually to be employed." What we are not going to do is to flood the country with a lot of people with a smattering and then let them go out and get positions where they can. But if they are really needed in this emergency we will then send them for a month of field work. After that, we will give two weeks of conference and class work in order to teach them the principles of sanitation and the control of communicable diseases—the principles of public health nursing, so far as they can get them in that time. We do not intend to put this at the beginning, because such a woman might find at the end of the month that she did not want to do that public health work, or we might find her totally unfitted for the work. In that case, we should not have wasted instruction. After the class work was finished, she could then go back for the remaining month of field work, in order that she might have some possibility of seeing these principles that she had learned put into operation. She would then be appointed and the State Director would continue to supervise her work in so far as possible. We should expect that these intensive conferences would only be given if there were a sufficient group; we will not say how large that group would have to be; but when there was a sufficient group they would be given. We do not plan to try to attract people from other states, or to advertise it in any way; the plan is intended to be purely for the people who are ready in this emergency to go into this sort of work.

The National Organization has created the office of educational secretary and Mrs. Bessie Amerman Haasis has been appointed to that office in order to assist in the developing and advising in regard to public health nursing education. If any of you could realize what a long felt want that will fill you would agree with us that the National Organization has done a very wise act; because we must in some way be able to assist the various training courses in getting themselves organized and going on with their work. It is a very difficult thing to do, because we have not a supply of trained teachers ready and, particularly in this instance, where this emergency training will very probably go into effect, we want someone to supervise, to help and interpret the standard of the National Organization to those training courses. This is one of the important functions which the educational secretary is to fulfill.

THE EDUCATIONAL SECRETARY OF THE NATIONAL
ORGANIZATION AND HOW SHE CAN BE OF USE
TO THE INSTRUCTORS¹

BY BESSIE AMERMAN HAASIS

EDITOR'S NOTE. This paper should be read in conjunction with the preceding paper on "Recent Developments in the Preparation for Public Health Nursing," by Anne Hervey Strong.

Into the National Organization come thousands of requests from nurses all over the country asking where public health courses are being given. Now, there was a time when the answers to such letters were comparatively simple to handle; but nowadays nothing short of a moving picture film would adequately answer such a letter. Courses are springing up over night or threatening to spring up, or falling down over night or threatening to die down, and the educational secretary has, as part of her task, to keep track of the various courses as they are developed or killed in various parts of the country.

It seems rather ungracious to write to a nurse and give her a list of fifteen places where courses are being given, leaving it to her to find out the cost of board, the cost of tuition and other things that she may not know anything of, such as the kinds of field work that are available, whether she can do remunerative work while she is taking her course, and the demands in that part of the country for public health nurses. Consequently, with an Educational Secretary we hope to give much better guidance than has been possible heretofore to nurses who, through the correspondence method, try to find out where they may go for a public health course.

And so, if there are teachers present, or those who are concerned with courses already established, I hope they will all be very charitable in answering the letters, which may be quite numerous, which I will send asking for very detailed information about the courses which are being given. Of all the rest of you I will ask the great favor of keeping me posted about any new courses that are being developed; because there are so many people now who do realize that the preparation of public health nurses is a patriotic service and are acting upon that motive, and who do not know that there is a National Organization even, or that the National Organization stands ready to help them in any way possible. We hope even, that with the great number of institutions which are preparing to give such training, we can maintain a certain uniformity about the courses. It is not something that everybody is starting as a

¹ Address given before session on Public Health Nursing Education, Cleveland, May 8, 1918.

new thing at the same time. There have been courses of a number of years' duration, courses which have been changed according to the administrative needs of nurses after they got out into the work. We hope that it may be possible to get into very close touch with any college or any organization which is planning to give a course, so that they may have, through us, the benefit of the experience of other organizations where courses have been worked out. Of course we have no compulsion over them; we cannot compel them to make it four months instead of three, we cannot compel them to include a course on nutrition; but we can tell them, if we are given the opportunity, that such a thing has proved very valuable and that after nurses get out into the field they write back and say, "Why didn't we have a course in family budgets while we were at the school?"

As many as four universities have written to the National Organization within the past two months stating their intention or desire of starting courses for public health nursing. Now, in some places the university may not realize that through the lack of field work in that neighborhood it would be very undesirable for them to start a course, because all they could offer, although it might be good, would be theory, and we do feel strongly, as you will see by the proportion assigned to it, that field work is quite as important and absolutely essential to any preparation, no matter how short. We do hope that we can bring it about in some way, by persuasion or suggestion, that these courses will be developed in accordance with the standards approved by the National Organization.

Now, after the courses are once started they are still in need of keeping in close touch with other courses, and we hope that this can be done through the National Organization; that we can keep them advised of new things in the public health nursing field. For instance, if some new type of nursing should develop as quickly as industrial nursing has developed, that we might notify them beforehand, before they feel the acute need, that this need is coming and what is being done elsewhere to meet it. Also that we may keep them advised of new text books on various lines which have been found valuable in other places.

Toward the training schools, also, the National Organization feels a great obligation. We have undertaken for the past two years to get ready for the training schools which were absolutely unable to get lectures on topics which were advised as necessary for students in training, a certain number of what we call "canned" lectures; on such subjects as social problems in connection with disease, and possibly in connection with sanitation and hygiene. That effort will still go on and I hope that we can get a little further this year than we have in the past two.

With the growing realization among training schools that public health nursing is a logical and integral part of hospital training, we hope to act in an advisory capacity with hospitals in which no training is available. Now it is not an unthinkable thing that a training school should send its pupils outside its own city for this supplemental training. For years hospitals have sent their pupils to other cities for special forms of training, such as the training in obstetrics and in children's diseases. It is no more unthinkable that they should send them to some city where they can get experience in public health nursing. In Richmond, Virginia, where during the past year a public health course has been given, not only have the three hospitals in Richmond, where the course is given, sent, each of them, two pupils for a four months' course as a part of their training, but the University of Virginia Hospital, which is situated at Charlottesville, has also sent two pupils for a four months' course and raised scholarships so that their maintenance during this training should be paid. And that is what we hope will come about all over the country. The National Organization stands ready to find out where such affiliations can be made; so that the students' training—not only the experience, but all the training may be on a definite educational basis of work, and will be carried out in the student's experience in the public health end as well as in her experience in the training school.

From those hospitals which do not yet contemplate such a radical measure as this, we, as I have said, have had continual requests for information and "canned lectures;" and we hope not only to help through this means, but also by supplying bibliographies to superintendents, so that rather than read the canned lectures they can prepare themselves to talk about the subjects of which the students should know something.

In connection with the standard courses of eight and four months, the National Organization hopes to get in closer touch with the groups, so as to place them more intelligently and to recommend to organizations women suitable for teachers. Also, in connection with the new program, we hope to find and recommend women suitable for State Directors.

In connection with the development of the Public Health Library,² it is the hope that the educational secretary, as she goes about the country, will be able to get in close touch with the needs of the nurses in the field and the courses in the field and to help the library and develop it in a way to meet those needs. There will probably be quite a considerable library sent to the stations where the emergency course and

² For information in regard to Library see Library Department of Book Reviews and Bibliography.

two weeks' conference will be given, so that the student will not have to buy the expensive text books that will be necessary.

I have left this emergency conference until the last, because it is the thing that the National Organization least wants to do. Nothing would please us more than to have the next year go by without the necessity arising for providing any of this very, very short emergency training. Our first effort will be directed, not toward perfecting that, but toward enlarging the number of scholarships available and increasing the number of nurses available for taking the regular courses of standard length. If possible, we certainly will persuade communities to wait four months for a nurse and raise the money for that preparation, rather than to offer too readily the nurse with the short preparation. And, as I have said before, if we can possibly get along through this coming year without giving this very much shorter preparation, no one will be more happy than the members of the Educational Committee. However, if there is such demand and an immediate demand, we do feel that it is our duty to make this concession to the war emergency only. We have made this preparation ten weeks in length, rather than somewhat longer, so as to have it appear and be so utterly different from even our four months minimum that no one will possibly confuse the two or feel that we consider the shorter one in any sense a substitute for the longer one. We want them to be totally different, both in the recognition that is given to them, in their influence and everything about them. We do not want any confusion whatever, and we certainly will give no diplomas and make no recognition of the fact that students who have had this preparation have had anything more than just the sketchiest emergency training to go into a very, very needed field.

This emergency training cannot be given without expense unless each state will assume a certain amount of responsibility for recruiting the nurses, for getting them together for the intensive instruction, and then for supervising very closely their work after they get into the field. The less instruction the nurses have had, the more they will need that supervision. Of course, if this does come about we hope it will be the beginning of the public health nurses' supervision over the public health nurses in every state in the Union. So that, while it is not thoroughly desirable as a thing in itself, it would bring about a very desirable condition throughout the country. In this connection, it may be necessary to use the records of the National Organization in picking out those organizations which are doing various types of public health work of a sufficiently high quality and along lines which are educational enough for us to consider that they are proper places to which to send students for field work. In other words, they must have enough super-

vision, so that the students are not thrown right out to do this work. We cannot have those students exploited for even such a short time. They are going to learn, and, while they will actually do the work, they are going to learn rather than to work. The primary purpose is to educate the student rather than to get an extra amount of work done in that district. And we do feel that the records which Miss Waters and others in the National Organization office have collected will be invaluable in picking out the very best places for field work for these students. After the students have had at least one month of field work then we shall be ready to get them together for the two weeks of intensive conferences. The Educational Committee is going to work out a very careful and exact content of every hour of instruction during that two weeks, so that they will contain the very most that can be put into them. The idea is that, wherever there is a teaching center, that teaching center shall be utilized for giving this instruction; where there is not, one of the educational secretaries, which means either myself or one of the other teachers, working in well-organized visiting nurse or public health nursing associations, will go and give those two week conferences, which shall be attended by the State Director who, by this and other personal conferences, shall be thus equipped to repeat the conference if other groups of nurses are to be prepared in the following months in that state.

It is a thing to which we are looking forward with a great deal of hesitation. We hope that it won't happen. If it does, we shall need the help of every public health nurse who can give assistance in training students, in giving them opportunity in such branches of work as will open their eyes to the purposes of public health nursing and the best methods for accomplishing it. I hope that a year or two years from now we shall not even be talking about such a course; but if we have to do it, we want to do it willingly and we are going to make the very best possible thing that we can out of it.

THE NEW LAW IN VIRGINIA¹

By AGNES RANDOLPH

When Miss Crandall first asked me to tell you today of the Virginia law for the training of attendants, she added "in relation to the war." It is, therefore, as a method of meeting emergencies produced by war that I shall discuss it. Undoubtedly, the attendant problem is as serious in peace time as in war time, but like all other problems different phases are accentuated under war conditions.

¹ Paper read before session of the National Organization for Public Health Nursing, May 9, 1918.

The immediate passage of the Virginia bill was not due, I think, to a constructive policy, nearly so much as to a defensive one. During the past year, two base hospital units have been organized in Virginia, about 24 per cent of the nursing personnel has gone into service and a large percentage of doctors have likewise volunteered. Waves of hysteria caused by fear of what was early dubbed "the shortage of nurses" have swept over Virginia, as over other states. Anxiety was evident among all classes of people, and innumerable suggestions were made by the laity for meeting war conditions. It was evident that the nursing profession was facing a grave crisis, and it was felt that the responsibility for meeting it rested squarely upon the shoulders of the nurses themselves; if they failed to accept it, however, outsiders were eager to assume it. Just how the situation would evolve was entirely uncertain. A large percentage of the active nurses would probably be required for army service. How large or how soon is unknown. If the percentage was very high and the withdrawal very rapid, in all probability some means must be devised to fill the ranks aside from present methods. The officers of the Graduate Nurses Association of Virginia felt that the decision as to means properly rested with them. Their responsibility was twofold—to safeguard and raise existing standards, since through them they were actually safeguarding the sick public; and to give to the sick adequate nursing care.

It became evident as early as August of last year that to meet both of these responsibilities might entail a sharp departure from established customs. At the same time it was realized that the Virginia Legislature met in January of 1918, and not again for two years. Legal sanction and legal authority were felt to be strong anchors to leeward when tampering with the social order, and early in October the Board of Directors discussed tentatively an attempt to secure a law to authorize the training of attendants.

This policy was thus early discussed while analyzing a proposed plan to train college women as public health visitors. Under this plan, a college education was apparently considered an open road to the executive and constructive branches of nursing, and a hospital training, if anything, a handicap. The idea was to give a six or eight months' course in public health to college women and to turn over to them the positions held by school and county nurses; in other words, the college women were to take over the highest functions of the nurse, those of teacher and leader, after a brief "course"—as though these highest functions were so little technical that they might be laid in a few months as a durable veneer upon the foundations of a college education. This idea, expanded, would strip from the nursing profession the field of

public health and would lower the dignity of the bedside care of the sick.

Amid the very real opposition which this plan provoked, the realization grew that the proper place for partially trained women was at the bedside of convalescents and chronic patients, with the highly trained nurses as supervisors. Such workers, if duly accredited, could take over also the care of chronic patients for the instructive visiting nurse associations, thus releasing public health nurses for other fields. Their usefulness in homes of moderate means was already accepted, but their opportunities in this field were only partially fulfilled. If their training were placed under the direction of the nursing profession, and their capacities and limitations could thus be vouched for, a large number of women could be rapidly put into the field. This would relieve the pressure upon the trained worker, would provide nursing care for the sick, either by a registered nurse or a properly supervised attendant; would retain for the ambitious nurse all of the executive and constructive positions, and yet, properly organized and supported, would meet any emergencies in the civilian population that the war might develop.

I have spoken of the origin of the attendants bill in this detail, since otherwise Virginia might be laid open to the charge of precipitately seeking legal authority for a piece of work which she had not undertaken. While the directors of the Graduate Nurses Association always proposed immediate action, the law was secured before action was taken with full appreciation of the psychologic value of such a step. The criticism of the profession as being "asleep at the switch" at a critical period ceased, when the bill was introduced in the Legislature. Well meant efforts on the part of the laity to supplement the work of the profession ceased as suddenly; it was accepted as a fact that the nurses realized their responsibilities to the public and were endeavoring to meet them.

In drafting the law an effort was made to keep it as simple as possible in order to achieve our object. The entire responsibility is placed upon the State Board of Examiners of Graduate Nurses, the legal body of the Graduate Nurses Association. They are empowered "to authorize the establishment of centers of training for attendants; provide for the admission of persons applying for such training; prescribe the kind and duration thereof; the examination of persons completing the prescribed course; and the licensing of such persons to do such kind of nursing, public and private and for the period of one year, as such license may designate." This latter clause was inserted in order that some specialization might be possible. Under a system of six months courses in order to avoid superficial teaching, or the granting of general licenses to

women only trained in special branches, it may prove advisable to designate on the face of the license the scope of the work for which the board will assume responsibility. Further sections of the law establish the license fee at \$2.50 for the first license only; allow for licensing without examination of women already employed as attendants; establish the title of licensed attendant for the persons who have duly received licenses; and state that the act shall not be construed to affect existing laws in relation to the examination, registration, and licensing of professional nurses. The expiration date for the law is fixed as July 1, 1922. This was done believing that the law might be amended in any part and be re-enacted after four years of trial, more readily than single amendments could be secured; or, that in the event that it proved unsatisfactory legislation, it might be allowed to lapse.

A final and most important section grants to the board "general supervision of the attendants licensed by it and the power to make reasonable rules and regulations for the conduct and employment of such attendants." This clause was considered by the Graduate Nurses Association to establish the bill as a war measure and also to be the foundation stone upon which it might hope to build a useful and enduring structure. The bill had no opposition in either House or Senate. Only one voice was raised in question, and this was only on the score that it was not fair to the nursing profession.

The serious difficulty about the bill arose after it became a law. What should we do with it? After a repeated conference and mature deliberation, the law had been secured. Now that we had it, it appeared a tolerably large order, and the best way of handling it remained to be proven. The Board at once took a step which would enable it to work out its problem. It employed Miss Mellichamp, the secretary of the Board of Examiners, to devote her full time to the study of conditions and the perfecting of the plan for training attendants. Miss Mellichamp was asked to study in particular three phases of the problem and report to the Board on June 1.

First, a further survey of actual nursing conditions in Virginia will be necessary. Although Miss VanVort, of Richmond, did most valuable work on a survey this fall, it remained incomplete since it was largely done by correspondence and also since conditions have changed rapidly. It is certain that in some sections of the state a serious shortage of nurses now exists. The registries in our largest cities are unable to fill calls, and have never a nurse idle. It is difficult to justify this condition, since in the winter it was thought that approximately as many young graduates would leave the schools as the number of those enrolling for army duty. I have thought recently that a more patriotic

distribution of our forces might in part relieve this situation, since I know of one very small town which boasts of four private duty nurses, while a town of fifteen or twenty times its size had only ten at the last report. At least, it will be profitable to study in cold figures the actual shortage and the findings will have a decided influence upon the immediate development of the plan regarding attendants.

It will be necessary under the provisions of the law, to register as rapidly as possible the present group of women who are doing attendants' work, and the best method of accomplishing this is our second problem. It is believed that the total number will run as high as 250, although not nearly so many are located through the recent survey. A study of the field of work which they now occupy will have to be made. This, I think, will be found to overlap the legitimate field of the private duty nurse. The Bill permits licensure without examination of this present group, but the form of license adopted will obviate much of the difficulty resulting from untrained women undertaking nursing work. The Board of Examiners must know the scope of the experience or training of such applicant, in order to issue license. This should eliminate such experiences as reported recently by the Superintendent of one of our visiting nurse associations. An attendant had been employed for a patient of moderate means through an undergraduate register. She was interviewed and questioned regarding her experience, her knowledge of simple treatments, hypodermics, temperature, etc. She was apparently quite well satisfied with her own ability and was employed. When the patient's home was reached, the nurse on duty was busy preparing a hypodermic, and gave the attendant the doctor's orders as to dosage. The attendant showed profound ignorance, and finally asked what the instrument was and what she was expected to do with it.

The third recommendation made to Miss Mellichamp was that she visit the existing schools for attendants and study methods, curriculum, expense, etc. The Virginia Board has made no positive decision regarding the training, other than the fundamental one that it must be practical and thorough although elementary. The idea of definite instruction has been accepted as an integral part of the plan. No definite curriculum has been decided upon, nor even drafted, although a tentative outline includes the following:

Care of patients: Baths; linen; hypodermics; temperatures; treatments; poultices.

Cleaning of room: Making of beds; ventilation of room; cleaning of room.

Disinfection: Excreta; utensils; room; linen.

Diet: Buying of food; preparation of food; serving of food.

Care of children.

Asepsis.

Medical emergencies.

Treatments: Enemata; douches.

Two general plans for conducting the centers have been proposed. The first and more elaborate is a center in a large city, with a resident superintendent and supervisor, and some boarding pupils. This idea was undoubtedly colored by the English system, and included residence after graduation, in order to simplify supervision. The expense of such a scheme and the uncertainty of public support inclines the Board to the simpler plan now in use in Cleveland.³ It is interesting to know that Miss Ethel Smith, Superintendent of the King's Daughters—the Visiting Nurses Association of Norfolk—had planned a similar training for attendants before the law was discussed at a Board meeting. In Norfolk the shortage of nurses is extreme, because of the withdrawal of nurses for the base hospitals, and the large increase of the civil population incident to the development of the naval base, shipyards, etc. The City Board of Health planned to cooperate with the King's Daughters and is undertaking the work as the means of meeting the war emergency.

The Board of Directors considered its attendants bill from the same angle. The section which reads, "The State Board of Examiners of Graduate Nurses, shall have general supervision of the attendants licensed by it and may make reasonable rules and regulations for the conduct and employment of such attendants," was made as broad as it is for war purposes. The Board realized thoroughly that unless supervision of the attendant is secured in peace or war, the profession has simply legalized the introduction of a partially trained force, which would undoubtedly compete with the registered private duty nurse. It is our belief that the under-graduates now engaged in nursing work do overlap the territory of the registered nurse. But the Virginia Bill was considered in war time, under war conditions, and its service under such condition was the first consideration. Whether from withdrawal of nurses, increase of population, or from whatever cause, Virginia, in certain sections, undoubtedly has a grave shortage of nurses today. The entire law was written in an attempt to meet this condition with safety to the public and to the profession. With this in mind, the supervision clause is elastic enough to be stretched to any proportions. Only under daily organized supervision would the attendant be of any service to the civilian population. When the nursing

³ An account of this plan is given in the April number of the PUBLIC HEALTH NURSE QUARTERLY.

profession assumes the responsibility of offering for the sick a less thoroughly trained service, it must, it seems to us, assume the responsibility of offering an accredited service and assume the responsibility of supervision. It has been considered possible to train a number of attendants in six months, and to put them into the civilian homes employing one or more registered nurses as supervisors. In this way, a graduate nurse might readily supervise 15 or 20 attendants. With a registered nurse at the other end of the telephone, to be counted upon for emergency, it would be possible to utilize large numbers of partially trained women or attendants in Virginia today, not only for chronic cases—where they rightfully belong—but for the ill people now being nursed by their totally untrained families.

The Board has never considered the attendant as a military asset, except in so far as she can be utilized to take over the civilian work and thus release registered nurses from private duty nursing.

I have purposely omitted any discussion of finances. The Board of Examiners of Graduate Nurses has a fund, which they are at present using, to make the preliminary survey. It is certain that if the plan is of as much public value as we hope it is, the public spirited people will support it as soon as we can present a concrete plan. The supervision should, it seems to us, be financed by fees charged directly to the patients. The experience of other places where the work has been done will undoubtedly guide us as to method and charge.

While the bill was a war measure in Virginia, the day when our armies come home victorious, and peace once more dwells among us, has never been forgotten. It is probable that many women ineligible for the nursing profession will take the attendants training, in order to help in this war problem. We hope they will, since it would be unfair so to over-supply the attendants domain that we would cause suffering after the war in our effort to relieve it now. Many women eligible for the nursing profession may undertake the nursing work. If they do, we have sufficient faith in the lure of our profession to feel that they will seek the higher training. Many other women, really suitable material, will undoubtedly be attracted to the work, and the future opportunities of these women will be one of our chief cares. We believe, as I have said, that the attendant is a necessary link in the chain in order for us to carry out our ideals of "Adequate nursing care for all of the sick public." We hope that our four years of work with this attendants law, will teach us many things we must learn about her training and equipment, in order to fit her for her own proper place in the wonderful, complete whole.

CODE FOR AID AND ATTENDANT SERVICE UNDER PUBLIC HEALTH AGENCIES

In the present emergency all over the country efforts are being made to meet the shortage of nurses. The Virginia law has been described in the foregoing article; but the following recommendation authorizing the use of attendants, and nurses who, at other times, would not be eligible for public health service, has been passed by the National Organization. Special care has been taken to provide that attendants or untrained women shall be used only when under the careful supervision of graduate nurses.

WHEREAS the tremendous call for nurses for foreign and cantonment service is increasingly causing a shortage of nurses at home

Be it resolved that all available and suitable assistants be used to supplement the work of public health nurses as follows: (this being done through existing public health organizations rather than by the formation of new organizations).

CODE FOR AID AND ATTENDANT SERVICE

1. Part time graduate nurses—usually married nurses—nurses with some sort of family responsibilities or those physically incapacitated for full time. Such nurses if otherwise eligible would be used as staff nurses except on part time.
2. Partially trained nurses i.e., graduates of specialized or too small hospitals or those not completing their training for acceptable reasons.
3. Attendants, i.e., practical nurses who may or may not have had special training as attendants.
4. Nurse aids, i.e., unpaid volunteers who may or may not have had the Red Cross Home Nursing Course with or without the seventy-two hours hospital work.

Essentials as to the use of these last 3 types of assistants, and that these be called emergency assistants

1. The selection and supervision shall be made by a public health nurse who will be professionally responsible for every patient.
2. Every assistant must agree to conform to the rules and regulations of the association under which she is working.
 1. *Supervision should include limited instruction in*
 - a. Policy of association
 - b. Approach to family
 - c. Duties
 - d. Points to be observed and reported to supervisor
 2. *Practical supervision to include*
 - a. Initial visit to the patient with a graduate nurse of the staff
 - b. Decision as to the type of assistant to be used—actual work to be done and fee to be charged to be determined by staff nurse
 - c. Continued supervising visits to be made to all patients, no case to be discharged except by the supervisor
 - d. A suitable working dress to be made by each type of assistant

Details as to special use of each type

1. Partially trained to be used in cases where only the simpler forms of nursing procedure are necessary.
2. Attendants to be used as household workers as long as needed in the homes of the patients—the continuation of such service with the visit of a visiting nurse for the professional work might be a substitute for a private nurse.
3. Aids dependent upon personal qualification—used for errands, clerical work, supplies, friendly visits, social service, assisting the nurse at clinics and with the exceptional person—helping the nurse with the simpler forms of bed side nursing.

MAKING INDUSTRY SAFE FOR WAR¹

By D. B. LOWE, M.D.

This brief paper will deal with its subject only from the viewpoint of health control. It seems best to me to leave the consideration of the questions of health insurance, pensions and life insurance, to others better versed in their wide application of the problem, although they have a very definite place in any plan of health control. I will content myself, then, with presenting a plan of organization which will cover the points through which illness may be discovered and prevented, with special reference to its relation to industry.

The stated problem is the conservation of man power by means of prevention of disease.

We must consider, then, the diseases over which we may hope to exercise some control. These may be placed in three classes. First, contagious; second, those degenerative changes of the organism incidental to middle and old age; and third, those affections due to the character of the industry commonly known as occupational diseases. These diseases depend in part upon the size, character and location of the industry, sex of employees and average age, hours of labor, food supply, housing, and many other factors; in all too numerous to attempt to correlate on this occasion.

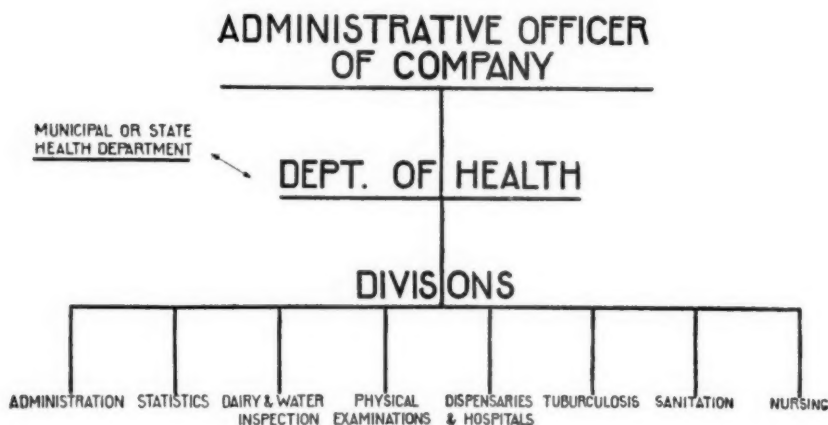
The plan I will present is elastic enough, I believe, to operate efficiently in any industry employing from one hundred employees to those employing thousands, simply by expanding or contracting to meet given conditions.

Two prime requisites are necessary for health work in industry: first, a local health department which by law can exercise effective measures of community control, and second, a health department in

¹ Paper read before session on Industrial Nursing, Cleveland, May 7, 1918.

the industry itself. For the community and industry are dependent one upon the other, and unless this relation is realized, great advantages to both cannot be fully obtained. Industrial health control extends only over a short period of the day, usually from eight to ten hours, and is without authority. This makes the aid of the local department of vital necessity. Through it one has access, not only to municipal institutions but to state and even government health service.

In the industry itself, according to its size and character, the staff may consist of one or a number of physicians and nurses, either on part or full time service. The direction of the work should be under a medical man. It is unlawful for a nurse to assume the responsibilities of medical and surgical treatment, and poor results from the viewpoint of disease prevention will follow unless the work has competent medical



supervision. I state this, not in criticism of the nurse, but because some industries believe their full responsibility for medical care of employees has been filled with the installation of a dispensary with a nurse in charge.

My plan of organization to secure health control in the industry is indicated in the chart.

The administration division will come under the physician in charge, with or without assistants. The latter, especially clerks, are necessary in order to take care of detail work and to leave the physician and nurse free for the exercise of their profession. It is through this division that contact should be made with the local health department, with mutual advantage to each organization. Contagious diseases, for example, are reported to the city health department. They are at once quarantined. Contacts living at the home, who are working in the industry, are reported to the latter and the factory health department keeps the

suspects under observation until the incubation period is over. This results in a double check in the prevention of epidemics and is cited only as an example of what the coöperation attains for the community.

The statistical division must keep records of the work of the whole department, so correlated as to give the physician a comprehensive idea of the useful and useless work being done. It should have information pertaining to kinds of illnesses and accidents, their progress, days lost, length of disability, departments from which they come, and contacts, in the cases of contagious disease. Practically all forms for this work require the age, sex, marital condition, length of service and special data peculiar to the industry. From this division, daily, monthly and yearly reports can be obtained on any phase of the work.

Physical examinations should be made on all applicants entering the employ of the company. Not that all who suffer from defects may be rejected, but that all who can be useful without harm to themselves, their companions or the industry may be made producers for the community's good. The theory of physical examinations provides that the applicant be placed on work not detrimental to his health, and in keeping with his physical condition. Can you imagine the tragedy of placing an employee with a bad heart lesion, on heavy work or a dangerous machine? Examination should be made of employees returning to work after illness requiring absence for any great length of time. In this way such impairments as contagious diseases and their complications, tuberculosis in the early stages, impaired hearts and kidneys, are readily discovered and the patient is given an opportunity to rehabilitate his health, while there is yet time.

The division of dairy and water inspection should operate through the city health department. In industries where cafeterias are maintained the dairies from which the milk supply is obtained should be carefully scored. If epidemics of typhoid or other milk-borne diseases start, one has only to follow the course of the milk through the various handlers to clear or condemn it as a source of infection.

The drinking water supply should be analyzed daily, preferably by the city laboratory, or at the plant, when the former method is unavailable. It must be remembered that many industries use auxiliary water supplies from unclean sources for fire protection and other purposes. The auxiliary supply is usually held from the drinking water line by means of a check valve in cross connections. It is not unusual for single check valves to leak with a consequent pollution of the drinking water supply. Only daily analyses of the drinking water will determine the trouble, when present, in time to avoid serious consequences to health.

The division of dispensaries and hospitals should determine the care and disposal of accident and illness cases occurring at the plant. In this way cases of contagious disease are discovered before contacts are made and the consequences are averted.

Special dispensaries for the care of various diseases, such as tuberculosis or venereal disease may be established; or, if the community maintains such dispensaries, patients should be referred to them when practicable.

A dental dispensary in charge of a well trained dentist means a great deal in the larger industries, in saving production time and alleviating distress.

A division of tuberculosis will yield results in any industry. This requires intelligent medical and follow-up work in order that the patient be discovered in the early stage and provided with proper care and treatment. With the city, county and state facilities available, tuberculosis patients of limited means can be cared for. This aids in a preventive and curative way by removing the focus of infection and giving the patient the opportunity of again becoming a productive unit of society.

A division of sanitation which will care for heating, lighting, ventilation and general sanitation of the industry is necessary. It will also make recommendations for the safeguarding of processes causing industrial diseases and fatigues. It meets the remedial needs of these problems through the use of established agencies, usually to be found in the shop itself, such as the engineering departments.

Without the division of nursing any plan of medical control must be but a feeble effort. You yourselves must know better than I the duties of the industrial nurse. Her work is based upon the principle that should guide all in the nursing or medical profession—that of service. The details of difference in the way the service is rendered is of little consequence, so long as the ideal is followed.

In the larger industries where dispensary and visiting work is to be done I believe the division should be under the capable, sympathetic direction of one of their own profession. This can be accomplished either within the industry itself or under the administration of a separate nursing organization. I like to think of the nurses' work in industry as being concerned only with the care of ill patients. I do not believe in a nurse being used to investigate cases of absentees. This is a change of heart for me, for in the beginning of my work I felt that a nurse would find conditions in many homes, where there was no illness, which she could remedy to the benefit of the family health and comfort.

I have attempted to outline this plan of organization which is elastic enough to operate with a part time physician and part time nurse or

with a large staff. Necessarily the "divisions" must be concentrated in the individual in the former case and in responsible heads in the latter. In either case, it allows one to assign values of time and expense to the various branches of the work, and affords an opportunity for balancing the effort.

By following this outline, expanding and contracting it according to the circumstances encountered, I believe a fairly efficient degree of health control can be obtained both for the individual and the masses. This conservation of health, we hope, expresses itself in terms of increased efficiency for the employee, employer, and community. Therefore, in the work of the department full use should be made of all the community facilities available. By the correlation of the divisions named, the classes of disease I have previously mentioned, namely, the contagious, the degenerative, if I may use the term, and occupational, come to light and give the opportunity for prevention and cure.

And in conserving man power in industry, through health control, by preventive medicine methods, we not only make the industry safe for war, but also safe for peace.

FOOD CONSERVATION¹

By EVERITT COLBY

Representative of U. S. Food Administration

I don't know what the condition is now in our army abroad, but when I was there in February the first thing General Pershing said to me was. "Colby, the United States has the finest, cleanest-minded, cleanest living lot of boys in the field that any country ever sent into a fight." I was there for two months and I saw our troops, both in Paris and at the front; and I never during all that time saw a single Sammy under the influence of intoxicating liquor, not one. The percentage of disease was less than 2 per cent.

I want to congratulate your organization on the success of this convention. It has been better organized, I think, and better managed than any political convention I ever attended. And very much more peacefully than some.

It was a wonderful thing to see the work that your colleagues are doing abroad. It is the one bright spot in France; the one thing that leads you to lift your eyes from the mud rakes and the steel and iron of it all to the stars and to the Cross; it seemed to give promise that faith, honor and peace and charity are not to be torn from the hearts of men.

¹ Address delivered before joint evening session, Cleveland, May 10, 1918.

I have never seen greater heroism, I have never seen more conscientious devotion to duty than I saw among the nurses in France.

But my mission here is to get your help in a campaign to save enough food during the next few months to win the war. We have not as yet taken the food problem seriously in this country. We did not realize three weeks ago that, if food was to win the war, we were beaten. This statement I bring directly from Lord Rhondda, the Food Administrator of England, and from Villgrain, the Food Administrator of France, and from Victor Boret, the Minister of Agriculture of France. These men sat down at a table with me and with a piece of paper and pencil proved conclusively that within three months, if we kept on doing in this country what we had been doing, they would face starvation in Europe, and that meant the loss of the war. Do you realize at all what we had been doing in this country? Let me tell you. I happened to be with Lord Rhondda the day he received a telegram from Mr. Hoover, stating that on the first of January he had sent the last bushel of surplus wheat he had in this country to the Allies, and he did not know where any more was coming from. Now if I had gone out and marshalled a battalion of men with rifles and sneaked up behind the French and British and shot them in the back we would not have done anything like as much harm to the Allied cause as the people of the United States did when they compelled Mr. Hoover to send that telegram. It just took all the morale, all the power, all the pep out of our Allies. And then Lord Rhondda just looked at me. Oh, if he had been a little cross or ugly I would have felt better. But he just looked at me and said, "We have said we would wait for your men; take all the time you want to get them ready, just send us food. That you have and it can be shipped." And yet I had to admit that after an eight months' campaign in this country, during which we told the people just how much food we had to save, we actually ate more than we had the year before.

And then I met young Victor Hugo. He just looked at me too. I shall never forget his eyes as he told me that his men actually mutinied when they heard what we were doing in the United States. "Colonel," they said, "we will die in the trenches with the Sammies because they can fight; we will go down to the sea with them in ships; but, by God, we won't starve with them when their people have the food they won't send us." I can't tell you how I felt; but fortunately these indictments no longer stand. We are now awake. During the past few weeks we have been making good. We are now only 5,000,000 bushels behind our schedule and I believe that within a month we will have kept at least one pledge to the Allies. The trouble has been that we did not

know the facts. We could not believe there was actually a world shortage of food. But why should there not be? The Allies had but one-third of their wheat crop and no men to harvest it; they had no seed and little fertilizer. You see women there yoked together in a field drawing a plow. I know these things to be true, as I was fortunate enough to be one of a commission that Mr. Hoover sent over during the winter to find out just what the situation was. We found it desperate. We went first to England and there they did not seem to want us to miss any of the excitement that was going on, so they arranged an air raid for us in London the night of our arrival. I do not know how many of you have been through the experience of an air raid, but it is not much fun. I was called at three o'clock in the morning by the proprietor of the hotel, who told me that as I was on the top story of the hotel I had better come below, that the German aeroplanes were overhead. I went to the window, I saw the searchlights playing around the sky, and I heard the explosion of the bombs as they were dropped, and I even heard the purr of the machine. I didn't know exactly what to do. As a government official I did not think it would be very dignified for me to go down in the cellar. I admit I wanted to go. But I finally went to bed and went to sleep. The next day I found that one of those shells exploded within one hundred feet of the hotel. They killed twenty-eight people that night. In the morning we went out to see the damage that had been done. We saw a great tree behind an apartment house that had been dug up by the roots and shot into the air, but it didn't come down. The branches had caught on the fire-escape of the second story and there it was—curious evidence of the barbarity of the Hun. As we were guests of the British Government at the time, the Foreign Office sent a delegation the following morning to inquire about our health. We told them we were uninjured but that we had lost our wash. On arriving at the hotel we had sent our laundry out and a bomb had landed on the roof of the laundry and blown it to pieces. To this bit of interesting news the Englishmen replied, "Oh, I say, what an extraordinary casualty!"

We next went to the British front; there we stayed for four days. I shall never forget our visit to Vimy Ridge. It was difficult to realize that I was standing on one of the greatest battle fields of all history, and I didn't realize it until I picked up a shoe; a foot was in the shoe. Then I heard the purr of a motor and looked up to see a boy of eighteen heading right for the German trenches. I asked the British officers where he was going and they said to take a photograph of the enemy lines. There I could see the trenches just across the valley. The guns were blazing away at our feet, the shells were exploding overhead, but

the boy headed straight for the Germans across the valley. I wondered if in a few seconds, I would hear shots and see that lovely bird fold its wings and come crashing down to earth. I waited, and then came six shots, "Crack, crack, crack, crack, crack, crack," from the German trenches, and on the sky the Boche had painted with exploding shells a complete and perfect circle. The airman was in the middle of it. Quick as lightning he dipped the nose of his aeroplane and shot down two hundred feet, leveled out, came back a quarter of a mile, then turned around and flew back over the same spot until he had a perfect photograph. That time, I counted all about him twenty-one exploding shells. It was a wonderful performance and I said to the British officers, "What a splendid exhibition of nerve, the greatest I have ever seen." "Yes," they replied, "a jolly piece of work, a jolly piece of work."

The next day we went to Calais and through the hospitals there, and I say quite frankly that after going through those hospitals I find it difficult to sit at a table with a person who deliberately eats white bread. On that day when we saw those blind boys groping their way around the hospital, never to see again, my mind went back to the times when I had dined with friends on wheatless days and wheat bread had been served and they had said, "Oh, isn't it unfortunate that we should be discovered by the Food Administrator." And everybody at the table giggled. Oh, I knew these people didn't know that every time they touched wheat flour they were stretching their greedy fingers across the sea and snatching that bread from a starving child of Belgium. All one has to do is to look upon the face of a boy who has been gassed and you will never touch wheat flour again until the war is over. Then and then only do you thoroughly understand.

But as I have said, we are doing better. As a matter of fact it is encouraging to know that at this very hour we have in transit to France more beef and pork than we shipped during the whole year of 1917. This, I say, is encouraging, but we must not relax our efforts until we have fulfilled our obligations, created a large reserve and supplied the people of starving Belgium.

After leaving the British we went to General Pershing and stayed with our own men for four days. I was billeted with Company M of the 103d Infantry, 26th Division, in a pig sty. I don't think I ever suffered so much from the cold in my life. Of course there was no fire, no way to keep warm. The fellow I bunked with had to get up at four o'clock the next morning to do police duty. When the sergeant called him at four o'clock he said, "Pat, four o'clock; time to get up." "Oh," says Pat, "get up yourself and turn on the heat."

survey for the Metropolitan Life Insurance Company of its nursing service in the great western territory. This territory comprises the states of Michigan, Minnesota, Wisconsin and Illinois. In those days such surveys were comparatively new and we can credit the Metropolitan Company as having been the pioneer in an extensive undertaking. The first supervisor had been appointed in October, 1913, and simultaneously, there were two other supervisors started in other sections of the country. The only other educational and traveling position, I believe, in connection with nursing interests was carried on for a short time previously through the American Nurse Association, by the late Isabel McIsaacs as interstate secretary. How well I recall



EMERGENCY HOSPITAL IN THE MINES

the vivid and interesting report of her travels in our frozen north, and little did I dream then that I would be so shortly traveling over many of the same places. I felt at once the Metropolitan would offer a fertile field for the development and stimulation of public health nursing ideals—and this opportunity inspired within me a desire to go out and do.

My experience of three and a half years has been most interesting and instructive, and volumes might be written by all of us that would prove of historic interest, because we perhaps go out to the communities introducing ourselves in quite a different way from the way in which any other organization enters the field.

Wherever there is found a group of Metropolitan agents and policy holders, be the town ever so small or remote, the company has a right to enter, assuming a protective supervisory interest in the lives of this particular group, to establish for them as ideal a system of welfare and nursing service as we can command. I know that each field supervisor has felt her peculiar and responsible position to her opportunity. It is through her work that we can often introduce in the smaller towns and cities better methods and standards. I know we have witnesses here today who can testify to the quiet, persistent effort that has been carried on for the past three and a half years through the Metropolitan Field Service, and to the results accomplished.



A WEDDING PARTY IN THE COAL REGIONS OF PENNSYLVANIA

Our method of approach consists of meetings held with agents at which the nurse is present, and visits with the nurses to homes of patients. We can usually judge in these visits the nurse's standard, methods of procedure, teachings, experience, etc. We visit the health office, town officials, and, if there is no public health nurse in the town, we make a visit to an officer or member of a local women's club, or other important organization, to interest them in forming an association for visiting nurse work, always leaving some valuable literature on public health nursing, or the addresses of the National Organization for Public Health Nursing or the Red Cross Town and Country Nursing Service.

Later, I watched one of our aviators getting ready for his night flight. While tuning up his engine he was whistling "Yankee Doodle." Seeing a sign on the side of his car, I took the liberty of reading it. What do you think it said? "Don't get off until the car stops." On the other side of his car there was still another notice, "Don't stick your head out of the window." There he was, about to take his life in his hands, but he couldn't repress his sense of humor.

I could tell of our experiences for hours, but I must close. We were not sent abroad to have an interesting time, but to find out exactly what the food situation was, and I have tried to tell you how very serious and critical we found it to be. It is still a problem, but no longer a peril. We must, however, not become over-confident. The military status is far from satisfactory and we must be prepared to make the greatest sacrifices. And when I say "we" I mean all classes and all ages. There is not a boy abroad who does not understand the meaning of the war, and that is because he goes to school with a gas mask, as the men go to the trenches. As I have said, the old men and women are at work in the fields. And then the courage of the women! I did not suppose it was possible for people to suffer as the women of Europe are suffering. I met one splendid English woman who was showing us the Red Cross work and the community kitchens they have established in London. She was so bright and cheerful that we did not know she had suffered a terrible loss until late in the afternoon, when she uttered these few words, "When I had my boy." Of course, then I knew she had lost a son. He had been killed in the air just a few days before. When I expressed my sympathy she said, "Oh, Mr. Colby, don't do that. We don't ask for sympathy over here. We do not look upon death as we did before the war. My boy died for his country and if I had another I would want him to go too." And then there was a French woman who had sent her five boys to the front. She was standing at the edge of the grave letting the body of her fourth boy into the ground when a message was brought there at the grave that her last son had been killed. She never shed a tear. She just closed her eyes and whispered, "Vive la France! Vive la France!" Then she left the grave and plunged into war work to save the sons of other mothers of France. It was very wonderful, and oh, how the courage of these women and of our nurses does drive home the question, "What am I doing to help them; to back them up? To give them heart and courage?" It is the one question with which every person in this room should search his or her very soul.

One of the last conferences we had was with Clemenceau, the Prime Minister of France. Before we left we asked if he hadn't a message

for us to take back to our people, and he said, "Yes, tell them that we will wait for them; tell them that we have confidence in them, because we have seen their men; but while we are waiting they will never know how France is suffering. Before they come we will fight one more great battle, but we will hold the line. France has made the extreme sacrifice. On August 1, 1914, we had 6,000,000 men. Now 1,300,000 of those men lie dead; 1,700,000 of those men are disabled for life; but we still have 3,000,000 men that will hold that line until the United States Government shall train an army that must win the war."

That is the job they have given us to perform—to win the war. Our boys have already gone across the sea, already their drums beat as one with the drums of the British and the French; and as they surge forward towards the front they hear the call of the immortal dead:

Take up our quarrel with the foe:
To you from falling hands we throw
The torch. Be yours to bear it high.
If you break faith with those who die
We shall not sleep, though poppies blow
In Flanders fields.

They may sleep in peace, those heroes, under the soil of the Marne and of the Somme. Our boys will bear high the torch. But are we keeping faith at home? Are we doing just as much as we can or just as little as we can? Are we observing the rules of the United States Food Administration or are we doing better than the rules allow? Are we giving this week what we think we can afford to the Red Cross, or what we know we cannot afford? Are we willing to give our all? To spend and to be spent? To be broken like a reed, if need be, so that when this terrible night of war is past and our boys come home we can look them in the eyes—eyes, perchance, that may never see again, and say without shame and without remorse, "I have kept the faith with those who died on Flanders Fields."

EXPERIENCES OF A METROPOLITAN FIELD SUPERVISOR¹

By MATILDA L. JOHNSON

It was in Chicago, January, 1914, having been given a year's leave of absence from my former association to take up special duty in connection with the School of Civics and Philanthropy, that I received a call which I seized at once as a very special opportunity, to make a

¹ Address made at session on Metropolitan Nursing Service, Cleveland, May 11, 1918.

While not officially connected with these organizations, we are interested active members and have assumed the privilege and right to work in the interest of these organizations to call attention to the needs of the community of which our policy holders are a part. It takes experience, tact and often much courage to introduce suggestions for modern methods to an organization years behind the times, or to stimulate an indifferent community, which regards you with some misgivings. I have found that repeated visits extending over several years have established confidence and often friendly and even intimate relationships. The visits of the field supervisor to small communities, often deprived of much inspiration and stimulation from the contact of nurses and associations, are looked forward to expectantly and in turn we derive the benefit from this appreciation which makes us feel that all this is worth while; and until our national nurses' societies can find a way to finance and reach every corner of need we feel that this work should continue.

Do we realize fully what public health organizations and what we, as public health nurses, owe to the Metropolitan Life Insurance Company, and particularly to Dr. Frankel, who is the spirit behind this great movement? The company is spending yearly over \$600,000 in coöperation with visiting nurse associations and other organizations, as well as individuals in nursing service.

To relate to you a few of the experiences of a supervisor might evidence some of the opportunities open to us. During my service with the company I have traveled very extensively not only over the great western, but into the southwestern territory, which includes our great states of Kansas, Nebraska and Iowa, where the growing demand for nurses is ever increasingly difficult to meet; and then to the territory farther southwest, where we find little organized public health nursing service. In these travels we have been able to suggest and help associations in reorganizations, to give advice, to assist in meeting special needs, to suggest formation of central committees for public health nursing, and to talk with the interested persons in these various groups to form state and city public health associations along modern lines. In Tennessee, where only one visiting nurse association had been formed and later taken over by the associated charities, this organization had been so obscure that it was only after a second visit and many interviews with individuals that I learned of its existence. It has since been reorganized and has at the head a prominent nurse sent by the National Organization for Public Health Nursing as superintendent. The Metropolitan Company's affiliation with this organization alone will equal the salaries of at least five nurses in the beginning.

There has been one Red Cross Town and Country nurse established

in Jackson, and from this town we found our state representative, Mrs. Woodruff; and my pride swells over the more recent establishment of a public health nurse association in Nashville, with our well known Miss Nan Dorsey at the head, which we believe insures its success. The splendid course now offered at Peabody College, for training public health nurses, so much needed for our South, is due to the fact that the Metropolitan Company has granted scholarships, and that our individual Metropolitan nurses have formed the nucleus of a public health nurses association. These two efforts have been promoted and stimulated by the persistent and never ceasing energy of the Metropolitan field supervisor; many undreamed of developments of these efforts are becoming evident. Miss Dora Barnes, director of the Public Health Nurse Course at Peabody College, found immediately that there was need for better foundation work in order to interest the best type of southern women, and the college is trying to raise enough money to establish a training school for nurses which combines college and hospital work and leads to a degree.

Another prominent city in Kentucky had conducted a nursing service for twenty-five years as a charity, and had sent the local nurse away to a large northern city to learn the newer methods, and still was unable to shake itself loose from its old system and traditions. Finally, they approached the Metropolitan Company for its service (some three or four individual nurses) as a first attempt at reorganization and combination of forces. Through the field supervisor's larger experience and opportunity to go into the actual field, she was able to suggest a very simple remedy—namely, a trained, well-paid director for leadership. This suggestion was carried out and the association was able to interest and secure the right person.

Quite a few of the associations and individual nurses had low standards and technique. I found many not wearing the uniform or carrying any kind of equipment. The associations, wishing to be loyal to their own communities, often felt that they should patronize the graduates from their own hospitals (the training at which was often inadequate). I have appealed to the most promising of these nurses to avail themselves of special courses or even post graduate work in a good hospital in order to qualify, and the Metropolitan has been wonderfully helpful in bringing about these standards by refusing to recognize associations below the standard. Often this is a sacrifice to the company, as it delays placing a nurse at the disposal of those who need the service. It is now often an amusing and not infrequent occurrence to have the local superintendent of the company instruct the field supervisor regarding the standards required of a Metropolitan Nurse, and no other will he have. In the early days it took some persuasion to convince

them that a certain individual, be she ever so fair, was not suitable. As time goes on and our patriotic interests are taking us deeper and deeper into the strong appeals for Red Cross, Y. M. C. A., Liberty Bonds and many other needs, our towns and cities have a tendency to curtail the support of home interests. I want to call attention to this and make an earnest appeal to all of you to go back with renewed energy to the support of public health nursing in your own communities; but there are still many struggling societies which should and which never do come to such meetings as these, and these societies never feel any need or obligation to send their nurse as delegate.

I am personally in strong sympathy with the Red Cross Town and Country Nursing Service. The Red Cross has a great service to render at home, and I would like to see them finance some of these poor struggling societies. These societies are always located in the midst of great need; for instance, one which I have recently visited comes to my mind as particularly pathetic, located in the coal mining regions with small towns connected, known by the miners in this region as "patches." There are no sewers, no sanitary inspection, very little health supervision. The association employs two nurses; their salary comes entirely from Metropolitan fees; the association also conducts the charity work, but has no trained workers. When asked about the number of board members they said they had none, only the officers; two women chiefly. I remonstrated with them for conducting two organizations under the same roof, crippling both pieces of work. Tears came to the President's eyes as she said, "We could not drop our charity work, as we are supporting a widow now with nine children and only \$5.00 a month. Poor Fund is allowed her—they would starve without our aid." The Metropolitan Company had fifteen death claims, all of pneumonia, in two weeks' time. One undertaker had conducted five funerals on Saturday morning and seven on Monday morning. I urged the people in this organization to appeal to the Red Cross Town and Country Nursing Service for affiliation.

Then there is the community which needs financial help to get started. After confidence has once been established there is often enough earning capacity to keep things running. I cannot help, in the face of such needs as we come in contact with, urging nurses to enroll for this service, and thereby help to keep up our health standards and reduce the frightful, unnecessary mortality.

Through all my travels and experience I have appreciated the co-operation and support of the individual nurses and organizations, without which it would be impossible to accomplish so much. It is a pleasure to have this opportunity to express this appreciation and to ask for your continued support.

THE ARMY SCHOOL OF NURSING

By ANNIE W. GOODRICH

Dean, Army School of Nursing

The authorization of the establishment of the Army School of Nursing by the Secretary of War upon the recommendation of the Surgeon General, has put into operation a plan whereby the sick and wounded men in our military hospitals may receive care through the method that has been found most effective in the civil hospitals. The school will also afford the opportunity so eagerly sought by our young women for patriotic service and through the right standards for admission and the thorough professional training it is prepared to provide, gives promise of an army of highly qualified nurses to carry on the reconstruction work that will be needed after the war in this and other countries. The course as planned leads to a diploma in nursing, should the military hospitals continue in operation for the full period of the course. Should the cessation of hostilities occur before the completion of this period, credit for all branches of nursing completed will be given in a certificate by the Army School of Nursing, which certificate will entitle the holder to recognition by such civil hospital training school as may subsequently accept her as a student. The school is located in the Surgeon General's office, Washington, D. C.; the training will be given in the various military hospitals and through such affiliations as may be required to complete the course.

The military hospitals will provide experience in surgical nursing, including orthopedic, eye, ear, nose and throat; medical, including communicable, nervous and mental diseases. Experience in the diseases of children, gynecology, obstetrics and public health nursing will be provided through affiliations in the second or third year of the course.

Lectures, recitations and laboratory work will be given in the required subjects, each hospital assigned as a training camp having its staff of lecturers, instructors and supervisors, and teaching equipment.

The course extends over a period of three years. Credit of nine months or approximately an academic year will be given to graduates of accredited colleges. Credit of three or four months will also be given to students who have had two or more years of college that have included prescribed courses in the sciences.

To be eligible to the School of Nursing, candidates must be between twenty-one and thirty-five years of age, in good physical condition and of good moral character. They must be graduates of recognized high schools or present evidence of an educational equivalent.

No tuition fee is required. The students will be provided with board, lodging and laundry throughout the period of the course, and with the required text books. They will be required to provide themselves with indoor uniforms for the preliminary course, and upon its successful completion, with an outdoor uniform, and such additional indoor uniforms as are required during their residence in the school. A monthly allowance of fifteen dollars (\$15.00) to meet these and other school expenses will be provided, except for the period of affiliation.

It is hoped to establish the first units on or about July 1.

The Advisory Council appointed to advise concerning the affiliations with the civil hospitals and the general policy of the Army School of Nursing is composed of the following members:

Col. W. H. Smith, chairman.

Col. C. L. Furbush.

Major W. T. Longcope.

Miss M. A. Nutting.

Miss Lillian D. Wald.

Miss Anna C. Maxwell.

The Superintendent of the Army Nurse Corps.

The Superintendent of the Navy Nurse Corps.

The Director of the Department of Nursing of the American Red Cross.

The President of the American Nurses Association.

The President of the National Organization for Public Health Nursing.

The President of the National League of Nursing Education.

The Dean of the Army School of Nursing.

In many of the base hospitals are to be found men and women prominent in the medical and nursing world through whom the school is assured of a strong faculty. We are fortunate in obtaining the services in the office of the school of such prominent nurses as Miss Helen Scott Hay, who has been released to us by the American Red Cross office in Washington; Miss Ellen Steward, formerly Superintendent of the Clarkson Memorial Hospital, Omaha, Nebraska; Miss Anna C. Jammé, who has been given a leave of absence by the State Board of Health of California; while Miss M. M. Riddle of the Newton Hospital, Massachusetts, has been released by her Board of Directors to establish in the immediate future the training unit at Camp Devens. The Women's Committee of the Council of National Defense; the Red Cross, and the Nursing Committee of the General Medical Board of the Council are preparing an extensive program for the recruiting of stu-

dents for both civil and military hospitals. Great and sympathetic interest in the Army School of Nursing has been already demonstrated by the various branches of the Junior League, an organization that represents many young women who would like to give this service at this time.

THE PART OF THE PUBLIC HEALTH NURSE IN THE MILK SITUATION

By JANET M. GEISTER

The public health nurse, eager to do her share in safe-guarding the health of the coming generation, is realizing more and more what an important factor milk is in the program for child conservation. It is a common experience for the public health nurse to deal with children whose diet is insufficient and poorly balanced. She views with apprehension any tendency to use the present war conditions as an excuse to eliminate or restrict any important article of the child's diet.

The Children's Bureau has made a report on its study of the milk situation in Baltimore which is of interest to nurses who are concerned with the welfare of children. There is nothing to indicate that the situation in Baltimore is different from that of any other large city. New York City and Richmond, Va., both reported decreases of 25 per cent in milk consumption and milk dealers in Chicago estimated their reduction at 16 per cent.

The study made in Baltimore was undertaken as a result of the accumulating evidence that the increased cost of milk has been causing a decrease in milk consumption. The question at once arose:—are children being deprived of milk to a serious extent and if so, what can be done about it?

The study was made by the school nurses of the Baltimore Department of Health, and by nurses of the Instructive Visiting Nurse Association and the Babies' Milk Fund Association. Though the group studied is small, it was chosen without regard to economic status and is representative of the types of families visited by public health nurses.

Of 756 children between two and seven years of age, only 29 per cent are now having fresh milk to drink, as against 60 per cent a year ago. And only 20, or less than 3 per cent of the children studied, are having as much as 3 cups a day.

For the babies under two years of age the situation is a little less serious. Apparently their needs are more generally understood than the needs of the child over two. Six in every 10 of the young babies



THE EFFECT OF IMPROPER FEEDING

are being nursed by their mothers (although a great majority of the nursing mothers are drinking no milk at all, and only 3 per cent of them are drinking the daily pint and a half which physicians recommend). Of 108 babies under two years of age who are not being nursed, 73, or 68 per cent, are having some fresh milk to drink every day. In other words, relatively more than twice as many of the babies as of the children over 2 are being provided with fresh cows' milk to drink.

The number of families who are buying no fresh milk at all has risen from 37 a year ago to 107, or 29 per cent of those from whom information was secured, and these 107 families include one-fourth of all the children under seven.

Various incomes are reported, but the changes in the amount of milk purchased are not unlike in the different earning groups. Even of the poorest families a few have increased their purchase of fresh milk since last year and even in the highest income group 50 per cent have now ceased buying milk or have decreased the daily amount.

Most serious, according to the Children's Bureau, is the general substitution for milk in the children's diet of tea and coffee. For 64 per cent of the 575 children who are not drinking milk, tea and coffee have been definitely substituted; and 24 per cent of these children are "sharing the family diet" which may or may not include tea or coffee, or milk in other foods.

Three facts of special importance have been brought out in the findings of the study. First: that one year ago, before the price of milk had advanced to any extent, a surprising number of children were getting no fresh milk to drink daily. Second: that a large number of the children who are getting no fresh milk to drink this year are getting tea and coffee as substitutes. Tea and coffee can in no way be considered as foods but only as unwholesome stimulants. Third: that few children under 2 years of age were being deprived of milk, but where a curtailment in consumption occurred the children over 2 were getting little or no milk. The seriousness of this is at once apparent. Public health nurses recall without difficulty the proportion of physical defects and illnesses resulting from improper feeding of children. It is a grave error, indeed, to allow war conditions to bring about an elimination of any important article of the child's diet. The absolute need of milk in the diet of the growing child as well as in that of the infant, is more clearly recognized today than ever before. The Children's Bureau recommends that every child be given at least $1\frac{1}{2}$ pints of fresh milk daily. Other countries, realizing the importance of milk in the diet of children, are carefully safeguarding their milk supplies for the use of their children, invalids and mothers.

There are few mothers today who are not responsive to the call of patriotic duty; they are usually keenly anxious to do their part and wait only to have their energies directed into the right path. Build into this patriotic desire the consciousness that the proper safeguarding of child life reacts happily not only on the family but on the nation too, and a combination of great promise presents itself.

While the matter of milk purchase is to some extent an economic question, it is also very largely a question of education. The reduction in milk purchase is taking place not only in the homes of the lower income groups but it is also occurring in the homes of the higher income groups. A failure to realize the food value of milk, and a false sense of economy make evident the need of wider knowledge on the subject.

A large meeting of thinking women was called recently to discuss the question of milk. A dietary expert explained the food value of milk and its cheapness when compared with equal values in other foods. She made the charge that decreased consumption was taking place in the homes of the better educated groups as well as in the groups where the educational advantages were limited. A number of women in the audience arose and publicly pleaded guilty to the charge. They stated that it had been a matter of principle with them, for they considered it extravagant to purchase milk after it had passed a certain mark.

That this is a common conclusion was evidenced by the dairyman who was testifying before a milk commission. He stated, "It is my opinion that the practice of reducing the family milk purchase is just as general in the higher salaried groups as it is among the lower. That makes the question one of education. My men have noted that though they have been asked to reduce the amount and quality of the milk put into the iceboxes, the amount of other foods in those iceboxes remained the same."

A large number of women can be reached through clubs, public meetings and the press. There is a large group, however, that cannot be reached except through personal contact with the social worker. The public health nurse has a very definite responsibility in making the mothers with whom she comes in contact realize the food value of milk. She deals largely with families in which there are children, and her district represents not only the lowest income group but also the incomes of a higher grade. Homes are open to her that are not open to any other social worker. Her service to her patients enables her to come into their home lives as friend and counsellor, whose recognized interest in their well-being gives weight to her suggestions.

The dispensing of free milk reaches only a limited number and but partially solves the problem. A broader approach is possible through the dissemination of information about the nutritive value of milk. This is more fundamental and has more permanent results.

The mother, urged to continue the use of milk in her children's diet at all costs, may reply: "I appreciate the fact that children are better off for having milk to drink, but how can I get it when it costs so much and I must still buy other foods for them?" In order to meet successfully this question, one must know what elements must be present in food to give it value. One must understand thoroughly the food value of milk; that it provides in excellent proportions at a comparatively low price all of the necessary elements for child growth. Milk used in combination with other foods, such as bread and cereals, forms a well balanced article of diet that easily justifies the partial elimination of more expensive foods at some of the meals. One must understand why other foods should not be substituted for milk; that in butter fats appear in abundance the mysterious vitamine that is necessary for health. Skim milk, nut margarines, and milk in which vegetable oils have been substituted for butter fats, do not contain this vitamine and consequently cannot, without danger, be substituted for milk.

The mother living in a community where fresh milk is unobtainable or of such poor quality as to be dangerous asks how is she to provide milk for her children. The nurse who wishes to direct wisely this conscientious mother must have a knowledge of the value of the different varieties of canned milk. It would be hazardous to use for infant food some canned milks that can be used with freedom by adults. Milk powder or dry milk which is just beginning to be known in this country, offers another possibility to the isolated mother to provide her child with a milk substitute when fresh pure milk is out of reach.

In order to answer these questions faithfully, one should have a practical understanding of the value of milk as a fundamental element in the child's diet. In this connection the publication, *Milk: the Indispensable Food for Children*, by Dr. Dorothy Reed Mendenhall, recently issued by the Children's Bureau, United States Department of Labor, may be of help.

Dr. Mendenhall discusses milk as an indispensable food for children, and makes clear the advantages and disadvantages of certain canned or dried milks. The worth of skim milk and cheese in the diet of the growing child is explained and the value and use of proprietary goods discussed. Many questions that are asked daily of the nurse regarding the use of milk are answered in this publication.

Copies may be obtained on application to the Children's Bureau.

FOLLOW-UP WORK IN TUBERCULOSIS IN THE SMALL
TOWNS AND VILLAGES IN MASSACHUSETTS

By BERNICE M. BILLINGS

State Department of Health, Boston

With the exception of the after-care of the ex-sanatoria patients, which was started in 1912, there was no serious follow-up work of tuberculous patients in the small towns and villages in Massachusetts until the latter part of 1915. In the three-year period previous to 1915 the visiting nurse associations, and the visiting nurses had expressed willingness to assist local physicians in following up the patients discharged from the state sanatoria. In this way very good relationship had been established between the Trustees of Hospitals for Consumptives and the visiting nurse in each community, making the next step in follow-up work comparatively easy.

After the opening of the 54 dispensaries in 1915, the after-care work in these cities and towns of 10,000 and more inhabitants, was turned over to the dispensary nurses. This allowed more time to be devoted to the rural sections of the state. In the latter part of 1915 a conference was held between Dr. Eugene R. Kelley, Director of the Division of Communicable Diseases of the State Department of Health, and the State District Health Officers, with Dr. Arthur K. Stone, Chairman of the Trustees of Hospitals for Consumptives, and the superintendents of the four state sanatoria, and at that time it was arranged that not only the ex-patients from the state sanatoria, but also all patients who had been reported to the State Department of Health in these small towns should be visited, and a brief history of each patient should be sent to the State Department of Health. This marked an event in developing a definite nursing responsibility toward all tuberculous patients in remote parts of the state. To assist in working out this general scheme of follow-up work the State Department of Health provided a list of all patients reported with tuberculosis from each small town to which the visitor was going to look up the ex-sanatoria patients. These reported cases covered a period of eight years.

Before visiting the home of tuberculous patients an interview was obtained with the board of health agent in each town. In the official record books was entered the date of the patient's report to the local Board of Health and the name of the physician who reported each case. This data was transferred to the history card of the State Department of Health. In each instance the physician who had reported the patient was seen in order to ask his advice and to gain permission to visit his

patient. It was found that many of these patients had died, and that a large percentage of those who were living were under no regular medical supervision when visited. A history was taken of each patient, instruction in hygiene was given, suggestions were made that the children in the family, who had been exposed to tuberculosis, be examined and the patient, when living, was urged to return to his physician for examination and advice. If there was a regular visiting nurse in the community the patient was referred to her for home visiting. When patients were found to be living under undesirable conditions a detailed report was given to the private physician, the local board of health, the visiting nurse, and the state district health officer. After fourteen months of this work 903 histories were sent to the State Department of Health. It was then found that practically all of my time had been consumed in doing this general follow-up work, there being so few ex-sanatoria patients in these communities. As my work was primarily for the after-care of the state sanatoria patients it was finally decided that my work should be confined to the visiting of the discharged sanatorium patients.

According to the last state census there are in Massachusetts some 295 towns of less than 10,000 inhabitants. There are 52 towns with a population of from 5000 to 10,000 people. Forty of these 52 towns have the services of a visiting nurse, and in addition 5 of these towns are employing a full-time school nurse. In the smaller communities there are 80 towns with a population of from 2000 to 5000. Twenty-eight of these 80 towns have a visiting nurse, but there are no full-time school nurses. There are 163 towns of less than 2000 population. Five of these towns employ the services of a public health nurse. The financing of this visiting nursing work usually has been made possible by contributions from public spirited citizens who have given their time and money to this good work. Ordinarily the visiting nursing work is under an association made up of women. Many of the towns appropriate money which is given to the nursing association to further their work, and this has greatly helped the organization. At the present time in 4 towns in the state the nursing work is entirely supported by public appropriation.

It has been my good fortune to visit the greater number of these small towns, and get a good knowledge of the follow-up work as it is being done in Massachusetts today. I am encouraged by the interest and good will of both public and private agencies, and the helpfulness of private physicians throughout the state. A great drawback to good follow-up work is that we are expecting altogether too much from one nurse. In each of the 40 towns where a visiting nurse is employed, this

nurse is trying to do bedside nursing, prenatal and post-natal work, occasionally a certain amount of school work, and attempting to do the follow-up work of the tuberculous patients. The bedside care of the sick must be attended to and in busy times it means that the nurse works from eight to twelve hours a day. In any case it is an injustice to expect a nurse to do instructive work in a day which is already too full. One of the great dangers is spreading nursing work too thin, and when this is done it is always the educational work which suffers most.

I have been told repeatedly in towns where one nurse is being over-worked that in regard to the consumptive patients it is impossible to get them to go to sanatoria or hospitals. This usually proves that the tuberculous patients are not well supervised. If the nurse is a regular visitor the patient and family gradually get to place a great deal of confidence in her judgment. Then when the physician and nurse advise hospital treatment it is not difficult to persuade the patient to make this necessary change. It is also most unfortunate that the physician or town authorities do not send the nurse to many consumptive patients until they are very ill and need actual bedside care. This is due to several things: First, lack of coördinating forces of Board of Health, private physician and visiting nurse associations; second, the physician does not realize that a nurse can help him in teaching the patient and family how to follow out his advice and treatment; third, and quite as important, the physician knows how much the nurse has to do and that she is already over-worked, and for this reason he will not ask her to take on anything extra in the way of educational work.

In our small towns of between 2000 and 5000 inhabitants the nurse is not so badly overworked, and yet in a town of 5000 persons there is certainly plenty of work to keep two nurses constantly employed. In the 5 small villages of less than 2000 persons where a public health nurse is employed there is a splendid opportunity to develop the work along the best lines. Many times I am told by men and women living in towns of from 2000 to 3000 inhabitants that there is no need of a public health nurse as there would be nothing for her to do. If a nurse was engaged for one of these towns and if at the end of six months her days were not full it would be the fault of the nurse in developing the work, and not because there was no need for her work in the community. With the great distances it would mean that with a few bedside calls, prenatal work, the following up of the babies, visiting the consumptive patients, and possibly an hour in the mill or factory in the town, (and in Massachusetts there is a small factory in nearly every town), the nurse could not fail to keep busy. Physicians in these towns often tell me how much they desire the help of a trained worker to give intelligent assistance

when it is badly needed. In these small communities we do not need a visiting nurse, a prenatal nurse, and a tuberculosis nurse, but we do need a well trained woman who will do whatever public health nursing is needed in the particular town in which she is employed. If in this community the nurse can prove to the physician that she is of real value to him in a time when he needs her, I do believe he will be far more ready to approve of her visiting his consumptive patients and helping them to follow out his advice.

In regard to school nursing I should like to say that this past winter in one of the small villages of less than 400 persons where I was visiting a consumptive patient I had an opportunity of talking with a woman intimately associated with the public schools. She told me of a child who had eye trouble. The school physician advised that this child go to an oculist, and a note to this effect was sent to the mother. Then came the summer vacation, and in the fall this child returned to school with the eyes in bad condition. It was then learned that she had not been seen by a physician since the closing of school. The superintendent of schools went to the mother, and explained that the child must go to the oculist, and finally the mother consented. After the physician had examined this child's eyes he told the mother that there was no sight in one eye, but he would do what he could to save the other eye. Had there been a public health nurse in this community to follow with a home visit the note which was sent to the home of this child, this unfortunate case of neglect would probably never have occurred.

At the present time there are approximately fifteen of these larger communities which have placed an automobile at the services of the nurse so that she may visit patients in the more remote parts of the town. It is a short-sighted policy which allows the visiting nurse to visit only those patients who are living near the car-line.

Berkshire County has a public health nurse who is doing special school work. This should be a great help in stimulating communities to greater activity along the lines of public health nursing.

The Child Conservation Committee employs eight nurses, one in each district of the state. These nurses are planning to visit the small towns and villages in the state, particularly in reference to saving the lives of children.

The State Department of Health is planning to employ eight public health nurses, one under each district health officer. These nurses will devote a part of their time to tuberculosis follow-up work, particularly in the small towns and villages. This, too, should be a great help in proving to the towns the need for public health nurses.

In closing, may I repeat that although we have 73 small towns

employing a public health nurse, yet if we wish to have worth-while follow-up work done by these nurses we must give them more assistance. This assistance should be a conveyance, and additional nurses as often as it can be demonstrated in the community that they can be used to advantage. In our country districts, in towns of from 300 to 500 persons, we could use one general nurse to take care of two or three towns. It is said that this nursing work cannot be done in the winter time, but it is only occasionally, and for short periods of time, that the roads are actually impassable. During this past winter I have been through Berkshire, Franklin, Hampden, and Hampshire Counties, traveling from the last of December to the first of March, with poor train service, and making use of horses and sleighs as never before, yet I have been able to reach all the villages in which there were ex-sanatoria patients. These villages were oftentimes miles from the railroad station. Farmers are traveling over the roads constantly, and where the towns-people can go it is perfectly practical for the visiting nurse to make her way provided she is given transportation.

It might well be a part of the program of the Anti-Tuberculosis League to aid in stimulating public opinion so that we shall cover the most remote sections of the state with public health nurses. It is only in this way that we shall be provided with facilities for doing follow-up work in the homes of tuberculous patients.

EXPERIENCES IN THE OZARKS

By ELIZABETH KELLER

Public health nursing in the beautiful Queen City of the Ozarks offers valuable experience and inspiration, especially in relation to the problems of families from rural districts—people worn out with the struggle to eke out an existence from the stony ground of the Ozarks, in southwest Missouri, all through Arkansas and the cotton field of Texas.

When en route to Springfield, mingled with the feeling of loneliness and home-sickness was the thought, "What am I coming to? Is there any real need for a public health nurse? Will it be anything like the big city?" Rural nursing at that time (1912) was not discussed very extensively and my experience had been obtained in a large city where organization of every kind was ready to help to solve any problem.

Upon nearing my destination I could not conceal my curiosity any longer and inquired of the newsboy, "What kind of a place is Springfield?" "Oh," he said, quite enthusiastically, "it's a fine place. Why,

it's the Queen City of the Ozarks. They are going to make it a health resort!" I thanked him with consternation in my heart. "A health resort!" "The Queen City!" Would there be work for me? I looked out of the car window—plenty of sunshine and fresh air—and then I noticed tiny cottages, dilapidated little huts and dirty, ragged little children in every house and yard. Then I knew there would be work for me to do.

Statistics at Jefferson City revealed the fact that our death rate from typhoid was amongst the highest in the registration area. What was the cause? Springfield, with its 45,000 inhabitants was not densely populated, nor had we the crowded city tenements. Instead, we had unsanitary conditions such as open toilets or privies, usually situated near an open polluted well; no drainage, poor housing, small two and three room shanties, many of them unplastered and unscreened, which sheltered families numbering from six to nine, all ignorant about sanitation or hygiene. The windows were invariably nailed shut and, especially in pneumonia cases, old quilts were used to cover the windows to exclude all drafts.

I will confess that I was rather discouraged at the outlook, both financially and from the lack of an organized association. The first month was spent in doing practical work and in going round among the different societies, medical and business organizations, preaching, talking and praying visiting nurse work. I was received cordially by a few of the medical profession, regarded suspiciously by others; but through it all I was upheld by the small band of earnest women, anxious for the success of the work. "Prove to them the need of the work and they will support you," they said. Now the movement is city wide and not of one class or creed, as is shown by the list of organizations interested, which includes literary clubs, social clubs, church classes and societies of Protestant, Catholic and Hebrew denominations, benevolent and fraternal orders, private individuals and business organizations. It is recognized as the most far-reaching and successful civic influence ever attempted in the city.

I found the utmost ignorance concerning the work of the visiting nurse; the old idea of charity still prevailed—palliative charity and not constructive charity. The poor, ignorant people, living in unsanitary houses, hopeless, with nothing to look forward to—it was a revelation to have someone to come in to teach the gospel of fresh air and sunshine, sanitation and healthful living. On the first visit I was usually received with suspicion or distrust, but invariably upon going back was received with smiles and greeted with "Oh, so glad you came!" In nearly every case there had been an attempt to clean up.

I was appalled at the extreme carelessness of tubercular and typhoid cases. One case is typical of all.

Two patients were in one room. The house seemed hot and stuffy to me, coming in from a brisk walk in the open air. Upon one bed lay a man of middle age suffering from typhoid, beside him was a chair upon which were some bottles and glasses—they were trusting him to take his medicine himself because there was no other way. On the other bed lay his wife, a lean, middle-aged, sallow woman, coughing, in an advanced stage of tuberculosis. A flaxen-haired, pink-cheeked baby toddled about the room, and a seventeen year old girl came in, the mother of the child. She was worn and spent, doing the double duty of housekeeper and nurse. By the bedside of the woman stood an old tin can, partly filled with dirt, this received the expectorations, which were then thrown out into the yard without the use of any disinfectants. The waste matter of the typhoid patient also followed the same route. Upon the termination of this case, the man dying and the family moving away from the city, I reported the case for fumigation to the president of the board of health. He said I must go to the health commissioner, who in turn sent me to the city physician; from there I was sent to the humane officer and then to the landlord. Finding the chase amusing and curious to know where it would end I hunted the landlord and found him at the vacant house, tearing the loose paper from the wall. Upon asking if the house had been fumigated I was told No, but it should be attended to; the man did not know the danger to which he exposed himself.

After these exasperating experiences in securing the assistance of the right official in this clean-up work, which seemed of such vital importance to the health of the whole community, we were aroused to the need of studying our health laws and the Anti-Tuberculosis and Sanitation Committees were formed. We wondered whether our health ordinances could be so constructed as to admit of some official assuming the authority of assisting us without encroaching upon the official duties of another official. In studying our chapter of health ordinances we discovered why we had met with such difficulty in reaching the right official; from the wording of the ordinances they could not judge themselves whose duty it was to fulfil the requirements laid down, for the ordinances were indefinite, leaving the responsibility in too many hands, and there were no time limits set, and the penalties could not be imposed. Our mayor, as president of the board of health, has been ready to help us, but with his many and varied duties we could not call upon him for all the details of our work. It seemed to us that our health commissioner should be the active officer in our health depart-

ment and in him should be vested the authority to perform the duties of the office. With the permission of our mayor and with the assistance of our city attorney we amended the part of the health chapter dealing with disease. We amended all the indefinite ordinances by placing the responsibility directly upon the health commissioner, with time limits and penalties. We added new sections requiring physicians to report all cases of contagious, infectious and communicable diseases and requiring the health commissioner to keep these records. We made it a duty of the health commissioner's office to disinfect premises at the termination of any contagious, infectious or communicable disease, either by recovery, death or removal of patient, within twelve hours after receiving termination report. We require families or attendants of persons suffering from tuberculosis to report the expected removal of patient from one address to another not less than twelve hours before removal. We prohibit the use of public drinking cups. There are other minor changes, but these are the important additions. Our city council voted unanimously for our bill; but our mayor has deferred signing it because of a few technical changes he wishes to have made and also because he thinks the time is ripe to reconstruct the remainder of the health chapter. This promises efficient coöperation in the future for the work of the Visiting Nurse Association.

In the last few years the city has made great strides towards sanitation; miles of sewers have been laid, compulsory laws have been passed by the council to force property owners to connect with drainage; a bacterial test of all suspected water is made by the city chemist; the health commissioner gives typhoid serum free of charge to those who cannot afford to pay for it. In the year 1912 we had twenty deaths from typhoid; so far, this year we have had just one.

Infant mortality is also very high; we have generations of ignorance and superstition to overcome. "What was good enough for the grandmothers is good enough for me." Superstition prevails to such an extent that often it seems I must be living in the middle ages; many patients object to combing the hair or trimming the nails for fear they will die. Peeled onions are often found near a fever patient, and a small bottle of carbolic hanging over the bed; this is their way of disinfecting, and also it is their method of prevention against contracting the disease. This summer we followed up the National Baby Week, with weekly baby hygiene conferences, lectures by a doctor on care and disease of children, and several practical demonstrations on home pasteurizing of milk, by the city chemist.

There is also great need for prenatal work, to educate mothers of all classes as to the importance of special care during the period of

pregnancy. Many patients will not engage the physician until near time for delivery; as for nursing, they depend upon the good, old-fashioned custom of calling in the neighbors who, kind-hearted, are always ready with the helping hand. There was one very pitiful case where the patient had not had good neighbors to call in. A fifteen year old daughter was trying to nurse her. The doctor had made one visit when he was called in hurriedly to deliver. When I received the call the baby was five days old and *had not had a bath*. It is needless to enter into a description of the unsanitary conditions. The mother was running a sub-normal temperature, with chilliness and caked breast; with good nursing care she made complete recovery.

We are coöperating with the Metropolitan Life Insurance Company and this has been a great factor in forwarding the work. Through its agency we have been able to come in touch with many cases it would be impossible to reach otherwise—both the poor and middle class, and also the colored population, as many colored people have policies in that company. As we have no free dispensaries and as the colored people are barred from the hospital the visiting nurse is the only outside recourse. Among this class I receive a very warm welcome and am proudly introduced to the neighbors as "Our Nurse." One old mammy remarked, "Lawd bless yore heart, honey, dis reminds me of the old plantation days when my dear little missus would come and care for me."

Another time I was called to an old colored mammy; the doctor diagnosed her case as pneumonia. She was the real, old-fashioned kind, bearing the distinction of being an old-time slave, and had been sold upon the block in our public square. I found her with a normal temperature, having just passed the crisis and feeling fine. After I had inquired about the medicine she said, "Huh, I not take dat medicine—dat only make me worse. I done gone and got me a hog's hoof, burned it and den made tea out of it—and I tell you dat's what made me well—dat doctor's stuff no good."

We have not made much progress in our tuberculosis work; last year a petition was presented before the county court asking the appointment of a county tuberculosis nurse, but no action has been taken on the matter. A number of physicians and laymen have organized an Anti-Tubercular Society, the chief aim of which is to secure a county tuberculosis hospital for advanced and incipient cases, in accordance with our state law.

About two-thirds of my cases are people from the rural districts; they come from every county in Missouri, Arkansas and Texas. The parents, with big families of children, are not able to make a living on the farm and are broken in health. They have great visions of the

public school for the children, and the big wages—\$1.75 per day—for the father at unskilled laboring; while the mother can help by taking in washing. Alas! we usually find the father or mother tubercular or so broken in health that a few days hard work is more than they can manage and in a short time they are objects of charity. Many families have children from sixteen to twenty-one years of age; the boys are not strong enough for laboring and the girls cannot even do rough domestic work—they have been living upon the barest necessities with very few kitchen utensils to work with. They do not know how to wash dishes properly, and are quite helpless when placed in a modern home; many of them do not even know how to thread a sewing needle, or read or write. They marry very young, sometimes at fourteen years of age; child-bearing begins immediately and the poor little mother is very ignorant about the care of her child. I saw many mothers not yet thirty years old, with big families of children, who look like old women.

The problem as to what we are to do with these boys and girls to make their lives worth while and to save the girls from early marriages and endless child-bearing, has not yet been solved. We can only hope for the future to point out the way to make them more efficient, independent and happy men and women.

BE SURE TO NOTE!

The QUARTERLY has become a monthly magazine. The subscription rate is now two dollars a year.

COMBINATION SUBSCRIPTION

The combination subscriptions with the *American Journal of Nursing*, the *American Journal of Public Health* and the *Pacific Coast Journal of Nursing* have now been discontinued. For the future there will be no combination or club subscriptions.

CHANGES OF ADDRESS

Changes of address must reach the editorial office not later than the fifteenth of the month preceding publication if they are to be effective for the next month's issue; that is to say, changes for the September number must be received by the fifteenth of August.

WAR AND THE PUBLIC HEALTH NURSE

HELPING THE RAPATRIÉS

PARIS, March 11, 1918.

MY DEAR MISS CRANDALL,

The march of events is so rapid here that one has to write hard in the few spare moments to even pretend to keep a record of them. Last week I went to Evian for a few days, stopping at Dijon on my way back to Paris. Before going I had made very careful assignments of duty to the few nurses who had come to us on the last steamer—alas! only 3 when we expected 20! Upon my return I found my nurses all scattered, to meet emergency calls, 1000 children had been sent out of Nancy, which is being shelled daily. They were accompanied by one of our doctors, and nurses; they were sent to Dinard. It will be only a matter of a week or so when this entire group of children will develop every contagious disease in the catalogue—it is always so; they are put in the trains en masse, some few are sure to be developing something, all are exposed and the result is disastrous but inevitable.

A bomb exploded in a maternity hospital—the patients were immediately transferred to our sanctuary at Toul, where a baby was born the next morning with the Sloan asepsis. We have at Toul now, besides the refuge for 500 children who have been taken from their parents to save them from the gas attacks, a children's hospital of 200 beds. Three nurses wasn't many, was it, to supply a maternity hospital and nursing care for 100 children? In this instance we transferred the French nurses with the patients, but as the nurses in France engaged in that type of work are, as a rule, uneducated domestics, they are not much help to our doctors. The high class, intelligent women are mostly engaged in war work, although I am gradually adding to our staff fine French women who wish to be taught. Every day we are receiving calls for help from French baby welfare stations begging us to send American nurses to teach them Infant Welfare work; we simply can't begin to supply the demand. It is a wonderful teaching opportunity.

Miss Noyes writes me that she has great difficulty in supplying me with suitable aids for work with the children, that they all wish for military duty. I cannot understand this, as it seems to me that any one who is sincerely desirous of helping the great cause would be willing to go where she is needed. Much of our work can be done by aids under the supervision of nurses. One nurse with several good aids under her who speak French make a very good working force.

The object of my visit to our hospital at Evian was to arrange for temporarily diminishing the nursing staff, as the convoys of rapatriés were temporarily stopped, the border being closed, which always occurs when the armies become active.

I again witnessed that ever tragic and moving sight, train loads of people arriving in France after an absence of three years, they come at the rate of 1200 a day. Only the old and feeble, and the helpless children are sent back. I saw the trains move in slowly, the buglers play, the eager, moved faces at the windows, men, women and children



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"RAPATRIÉS"

shouting as they wept "Vive la France!" Our ambulance men tenderly lifted the ill and feeble from the cars into wheeled chairs or on stretchers. Fortunately the weather is warmer now so they do not arrive with frozen hands and feet—the Germans refused to heat the cars and the suffering during the winter was terrible; they are sometimes in these trains for five days.

Many feeble men and tottering women positively refuse to be carried in the ambulances to the Casino—they do not want to enter France in that helpless way, they wish to march with the crowd, shouting as they go "Vive la France!" It is a truly inspiring sight. Their

joy is always great when they see the Americans—one dear, lovely old lady clasped my hand all the way to the Casino, where they are bathed, fed and welcomed, murmuring "Americans, our compatriots." The women all look emaciated and white, and with such tragic faces. The children are fairly well nourished, all say that the women have gone without the necessary food to feed the children—they have been working for the Germans for 25 cents a day, in the fields and even breaking stones. No strong, healthy women come, only those whose health has broken down under the strain. After they are served a good hot meal the band plays patriotic airs—generally the "Star Spangled Banner," which always brings these poor rapatriés to their feet to shout "Vive l'Amérique!" and then I always weep; their gratitude is so touching—what we have done for them is so little in comparison with what they have suffered. The music is followed by a charming address of welcome delivered by the mayor of Evian, who has never once failed to appear twice a day, for 13 months, dressed in evening clothes with a tri-color sash round his waist. I am impressed by this fact as it exemplifies much that is done here and the way in which it is done. To rise at 5.30 on a bitter cold morning, carefully dress in evening clothes and go forth in the black night to welcome 600 or 700 helpless people to a land already carrying a load almost too great to be borne, shows a spirit which is unconquerable. The dinner and music is followed by a medical inspection. We have a doctor and 4 nurses who undress and examine the children. Our ambulances are waiting to receive the hospital cases which are sent to our children's hospitals; we have 180 beds, besides a receiving cottage which can receive 25 children.

After the medical examination, every one takes a hot shower bath which is thoroughly enjoyed—the laughing shouts of excited children is cheering after all the tragedy of the occasion. Clothes are disinfected when necessary, clean things given, and the history of each person carefully recorded. The sick and utterly helpless old men and women are taken to an old people's home where many die within a few days after they are made happy by their return to their beloved France. It is often 10 o'clock at night before the work at the Casino is over and then the nurse's work of admitting at the hospital begins. It is a pleasure and satisfaction to receive these poor tired little creatures, give them a warm bath and tuck them into clean, comfortable beds, wearing a night-gown made by sympathetic hands at home. The nurses are very rapidly learning enough French to understand the children, who make splendid teachers. We have a number of French girls here being trained, they are eager to learn and I feel sure will make good nurses. Miss Bigelow, from the Children's Hospital, Boston, is the

chief nurse, as they are called here. When the children are convalescent they are transferred to our convalescent home, a wonderful place near Lyon, but I shall have to tell you about that another time.

The family reunions that take place at Evian are most moving, people write ahead that they are coming and oftentimes are met by husbands, brothers and relatives they have not seen or heard from for 3 years. I was a witness of a most touching reunion between a father and little boy—the father was moved to tears because the boy had not forgotten him. Unfortunately, oftentimes instead of being met by the dear ones they only receive news which is almost too hard to bear after the strain of those years and that terrible journey.

En route from Evian we stopped at Dijon. The object of our visit was to confer with the representative of the Bureau of Refugees, which, as you know, is under Mr. Devine. The representative had reported the great need of medical help, which we found undoubtedly to be the case, as in a town of 100,000 inhabitants there is not one dispensary, all closed since the war. Doctors from the military hospitals, both French and American had offered to help, and Miss McLaughlin, chief nurse of the Detroit unit, showed a most coöperative spirit. She promised two public health nurses until the hospital filled, which alas! it is likely to do at any time now. The dispensary will open at once and I will pray that relief will come from home by the time it is needed.

I think now I have given you an account of the principal events of last week. I will try to keep you informed of the progress of the work.

Sincerely yours

ELIZABETH H. ASHE,
Chief Nurse, Children's Bureau.

NEWS FROM FRANCE

PARIS, March 5, 1918.

This is designed to be an Easter greeting but you probably won't receive it before May day. In this very uncertain life we lead, the mail is one of the most uncertain things of all; although it is surprising how little is really finally lost. I have so far received every package which has been sent me, which I think is quite surprising. . . .

Just at present all my thoughts are with our men on the firing line. They are behaving so splendidly and we are so proud of them. From all sides I hear praise and appreciation of the work they are doing. The French officers are delighted with their eagerness to learn and their quickness to grasp all that is taught them.

I visited one of our hospitals last week at——. It is an old Jesuit school and was the dirtiest place imaginable, but has been made fresh and clean by much scrubbing and new paint applied by German prisoners who looked disgustingly fat, well and complacent compared to our men stretched out ill in their beds in a foreign land, all because of German vileness. There were five hundred and eighty men in the hospital—no wounded. I did not see any of our pajamas. The men sit about convalescing in very forlorn looking citizen clothes. One hundred and eighty-five of these men had mumps.

I hope you have seen the wonderful letter of thanks written by the man with wooden fingers—it is truly remarkable. He earns his living clerking at the Bon Marche.

Have I written you about the marvelous masks which Mrs. Ladd, the wife of Dr. Ladd in charge at Toul, makes for the mutilés—it is almost like a miracle. The mask is of very fine copper and painted the exact flesh tints of the wearer. Worn with a moustache and spectacles, it is most life-like. It is worn while the man is at work.

We are just beginning a most interesting piece of work in Paris. You have probably read about it before now in the papers. It is the distribution of food to the school children. Our doctors came to the conclusion that as nine-tenths of the illness they saw was the result of malnutrition, it was useless to have clinics if the children could not be fed, so they have given a supplementary meal in all the schools where the children are poor. It consists of a Red Cross bun made of flour, milk, sugar and chopped fruits, figs and dates. This is given with a piece of chocolate every afternoon at 4 p.m. We saw the first distribution which was made a great occasion by the schoolmaster. The children sang the "Star Spangled Banner" in English better than our children can sing it—they decorated the school with little American flags which they made, and generally showed their appreciation. This food distribution serves two ends, it is a simple, telling demonstration to the poor people that America is behind them, and will do much to keep up their courage in the trying months to come.

The Americans will return with many different views of life, some of them bad and some good, but never will they or the nation be the same after this great experience. I can see people's whole point of view change before my very eyes, it is really very curious and this same mental process is taking place in millions of American minds and hearts at this very moment.

I am very hopeful on one point—I feel sure that those who have, through this world tragedy, learned the joy of personal service, will never be content again to let the suffering world go by without extend-

ing the hand of brotherly love. We won't find it so difficult in the future to supply our starving babes with milk, or to find homes full of light and sunshine for the families, places fit for human beings to live and bring up our future citizens in.

I have seen nothing over here, except in the bombarded, destroyed towns, worse than we have at this very minute on Telegraph Hill. But I am sure that is not what you want to hear; but at times I do look forward with hope to what we might accomplish when all this awakened interest and realization of the life that is outside our own narrow walls will be expended on sweeping and garnishing of our own cities, making them physically and morally fit for the coming race to grow and develop in.

Dr. Lucas expects to return in May to take part in various Child Welfare conferences. He has launched a big infant mortality campaign here. The plan is that after a series of demonstrated lectures are given in a town, generally in the opera house, a group of trained social service visitors, headed by a nurse, goes to the town and organizes baby clinics, home visiting, etc. The plan is to stay in each place about two months, during which time they hope to rouse such enthusiasm and plant such seeds as will develop into flourishing trees of infant life.

The difficulty of accomplishing such a scheme as this during war time is almost overwhelming, but Dr. Lucas is very enthusiastic and optimistic about it and really inspires people to do the impossible. So few nurses have the training and initiative to undertake such a big piece of work that I am in despair at times in supplying the demand.

This plan only covers the small centers, we have permanent educational exhibits and teaching centers in the big cities; here in Paris we have now six dispensaries where French women are being taught public health visiting, and care of the sick. In fact we are doing much more here than we have ever dreamed of undertaking at home.

I forgot to tell you of a little incident I witnessed at the base hospital the other day at ——. A group of men who were discharged and just about to leave, held in their hands bright colored comfort bags which they had received at Christmas. I spoke to them about them and they told me that they treasured them above everything. The nurses say they never let them out of their sight. It was so touching to see those big men holding those foolish looking little bags full of their treasures. I used to wonder at Christmas time when I stood for hours in the evening on a stone floor, cold up to my waist, whether I wasn't wasting time and strength, but I am sure now it was worth it.

We filled 200,000 bags and I assure you it was a big task. Not many of those filled at home got here in time for Christmas, but they will

do for another time. When I distributed the bags Alice commissioned me to fill for her, I saw a Poilu standing in a corner counting the sheets of paper.

We may have to withdraw some of our nurses from the front. At Nesle the whole hospital force, nurses, patients and doctors, have to frequently retire to the cellar for the night when the bombardment becomes too severe. One of our nurses at Nesle is to be decorated. A train upon which one of our nurses was traveling to Toul, not long since, was struck by a shell, but fortunately no deaths. The situation becomes more tense every day.

A hotel for nurses has just been opened in Paris. We have found such difficulty in finding suitable accommodations. I don't expect to live there as I am very comfortably located.

PARIS, March 5, 1918.

MY DEAR MISS CRANDALL:

At the request of Miss Leete, of the Children's Bureau, American Red Cross, Paris, I am writing to tell you something of the work done by Major Hugh H. Young, of Johns Hopkins Hospital, and his unit, in the Vosges, along public health lines.

Major Young had conceived the idea that by establishing clinics for the civilian population throughout the territory occupied by our troops, we might be able to find and eradicate, or rather give enough treatment to render non-infectious venereal diseases, to a certain extent. With this end in view, in September, 1917, with the aid of the army, which furnished six army doctors, and the Red Cross, which furnished the financial aid and the nurses, the work was started.

My chateau in the Vosges was taken as a center, with the plan for the work to cover fifty kilometers in every direction of the surrounding country.

At eight-thirty each morning the doctors and nurses left (a doctor and nurse for each district) in machines and arrived at appointed times at their various dispensaries. Each district had eight dispensaries, and four were visited each day. If any of the people of the community were too sick to go to the dispensary they were visited in their homes upon receipt of a request to that effect. To avoid pauperizing the population, boxes were placed in each dispensary with request that those who were able should pay a small sum for the attention of the doctor, and a statement that the money collected would be used for the widows and orphans of the French medical men killed in the war. The mayor of each town furnished us with a list of indigents in each community, so we were able to keep track of this end of things fairly

well. Because of the fact that practically all the hospitals were taken over by the military authorities, there was no place to take operative cases, consequently we did a number of operations in the homes, carrying with us our operating table, supplies, etc. In these instances a nurse was always left to do special duty for a few days. (Incidentally I forgot to say, that in developing the service, special pains were taken not to duplicate the work of the French, but to supplement it, so that towns in which there were sufficient native doctors and equipment were passed over.)

Recently the Red Cross has established a hospital for the use of civilians at my chateau, and an adequate ambulance service, so that any cases too sick to be cared for properly at home, or needing operation, can be taken there. There was a committee of representative women formed in each town, which met and conferred with our nurses regularly, and which put us in touch with the people needing medical attention.

In many instances we found soldiers billeted in a house where there was a child with a virulent case of diphtheria, and similar things, so that we felt that we were doing an immense amount of good along preventative lines in ordinary infectious diseases.

Please excuse this very rough statement of the work, but as Miss Leete said her report had already gone in to you, I am hastening this off as fast as possible so you may have some idea of the "American Medical Service for the Civilian Population."

GRACE BARCLAY MOORE (J. H. H. 1912)

REEDUCATION OF THE WOUNDED

The Chief of Staff has approved additional recommendations for the reconstruction of disabled American soldiers. A number of hospitals have already been appointed for use in beginning the work of physical reconstruction and from time to time other hospitals for reconstruction work will be added to this list.

In addition to the provision for staff and equipment for the treatment of physical disabilities, there will be provisions at each hospital, in accord with the best known practice for functional restoration and mental rehabilitation. The following is the statement of policy recommended by the Surgeon-General:

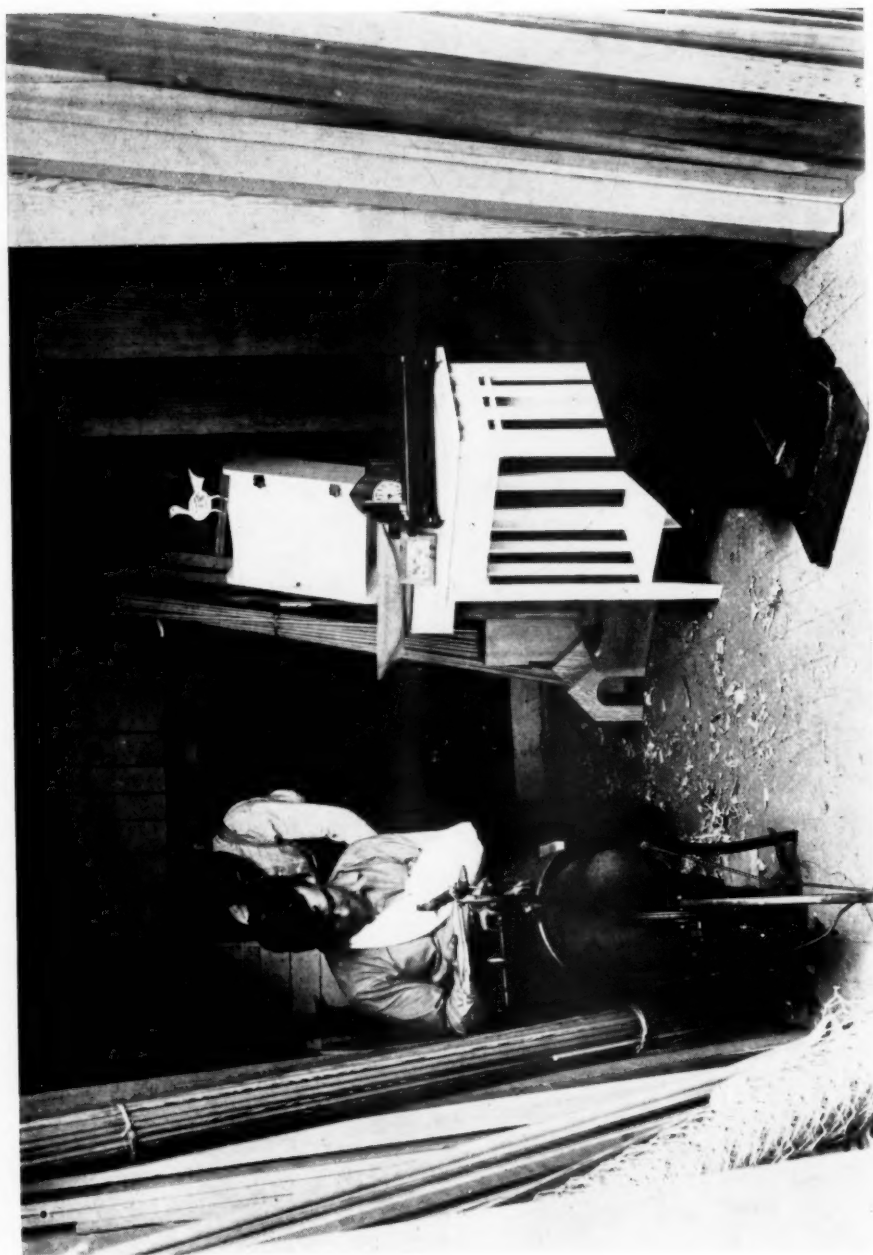
"That hereafter no member of the military service disabled in line of duty, even though not expected to return to duty, will be discharged from service until he has attained complete recovery or as complete recovery as it is to be expected that he will attain when the nature of his disability is considered. The inauguration of this continued treatment will result, during the period of the war,



RECREATIONAL OCCUPATION

Men who are occupied recover more quickly than those who are idle. But these pleasant pastimes should not, later, turn them aside from the pursuit of a regular vocation.

(Published by courtesy of the Department of Soldiers' Civil Re-establishment, Ottawa, Canada)



RE-EDUCATION OF THE DISABLED, WHICH RESTORES THE CAPACITY TO WORK. MANY WHOSE ARMS HAVE BEEN AMPUTATED CAN BE TAUGHT CARPENTRY AND WOOD TURNING

(Published by courtesy of the Department of Soldiers' Civil Re-establishment, Ottawa, Canada)

in the saving to the service of a large number of efficient officers and soldiers who without it would never become able to perform duty. Physical reconstruction may be defined as the completest form of medical and surgical treatment, carried to the point where maximum functional restoration, mental and physical, has been secured. To secure this result the use of work, mental and manual, will be required during the convalescent period. This therapeutic measure, in addition to aiding greatly in shortening the convalescent period, retains or arouses mental activities, preventing "hospitalization" and enables the patient to be returned to service or civil life with the full realization that he can work in his handicapped state, and with habits of industry much encouraged if not firmly formed.

The ablest educators of the blind in the country are coöperating with the United States Government in its plan for the most complete system of reëducation for blinded soldiers that has ever been undertaken. Observation of methods used by other governments during the war, generous appropriations, and the most complete equipment are factors in the plan which will follow the soldier through all the phases of reëducation. Mrs. T. Harrison Garrett has offered her Baltimore estate of 99 acres to the Surgeon-General to serve as a complete hospital school for the blinded officers and men. The estate has upon it two houses, one of which will accommodate 150 persons and will be used for enlisted men, and the other, accommodating 25 persons, will serve as officers' quarters. In addition there will be a home in Baltimore where the wife, mother, daughter, or sister of the blinded man can live while he is receiving instruction. Women relatives of the men will be asked to participate in the work of the school, and will be given an insight into the difficulties and the best methods of training the blind. A country home where the men may go with their women relatives to spend the week-ends will also be provided. The training given by the government will be the very best obtainable, and only paid professional instructors will be permitted to give it. The Surgeon-General's office is receiving the coöperation of the most noted educators of the blind in America, who are acting as an advisory committee.

NOTES FROM THE FIELD

At the National Conference of Social Work, held in Kansas City from May 15 to 22, practically every section and general meeting hinged on the special problems raised, or the old problems magnified by war conditions, and the great necessity for trained, competent leadership in meeting them. The meetings grouped themselves into the following subject headings: Organization of Social Forces; Solidarity of the Family; The New Point of View in Health Work; The Care of the Handicapped; Meeting New Responsibilities in the Care of Children; Making Probation Work More Effective; Utilizing Volunteer Service in War Time. The Health Section provided two separate sessions and one joint session with the Children's Section; of the first two sessions, one was arranged by the housing interests and papers were read by Mrs. Albion Fellows Bacon of Evansville, Ind., on The Relation of Housing and Social Work; by Professor Takenuchi of the Imperial University, Tokio, Japan; and a most interesting talk was given by Lawson Purdy, the new Director of the Charity Organization Society in New York, on the government projects for housing workers in war industry plants. The second health session meeting dealt with the topic of War Time Developments in Public Health Nursing; Mrs. Bessie Amerman Haasis, Educational Secretary of the National Organization for Public Health Nursing, presided and spoke of the great new developments and new demands in the public health nursing field, and the steps being taken to increase the supply of public health nurses, both by the training schools and through special post graduate courses. The work in the extra-cantonment zones was described by Miss Mary E. Lent, Supervisor of Public Health Nurses in the Zones; and Miss Ann Doyle, of the United States Public Health Service told about the work of the venereal disease clinics for civilians in the zones. While there was no special session on social hygiene, the subject was brought out extremely well at the health meetings and the topic was much discussed.

At the annual meeting of the Michigan State Nurses' Association, held recently, one evening was given up to addresses on public health topics. The leading address of the evening was given by Mrs. B. A. Haasis, Educational Secretary to the National Organization for Public Health Nursing. She gave a most interesting picture of the activities

of the National Organization, and its aims for the coming year, and made it clear that public health nursing is quite as much a war contribution as the nursing in cantonments, hospitals or across seas, also that all public health nurses should very seriously consider how their work can be continued before giving it up for other service.

Other addresses were given by two representatives of the Michigan State Board of Health on the work of the Board toward the control and eradication of venereal diseases. These addresses showed that considerable progress toward this end has been made in the state by seeking out those who are sources of infection and providing treatment for these in hospitals in various parts of the state. Local physicians are helping in the campaign by reporting more and more each month the cases with which they come in contact.

The first meeting of the Indiana Public Health Nursing Division of the Indiana Graduate Nurses Association was held February 2 as part of the program of the conference of Indiana tuberculosis workers at Evansville.

A public health nurses association was proposed by Dr. Lee K. Frankel of the Metropolitan Insurance Company in 1916, was considered by the Indiana Nurses Association and organized at its most recent meeting in Indianapolis.

The first meeting, arranged by Miss Annabel Peterson, R.N., President of the new group, in conjunction with the Indiana Tuberculosis Society, was presided over by Miss Mary A. Myers, R.N., Executive Secretary of the Marion County Society for the Prevention of Tuberculosis.

The 125 Indiana County nurses were well represented in the public meeting on community nursing held in the Chamber of Commerce.

At a recent meeting of District No. 1 (Los Angeles) Southern California Organization for Public Health Nursing it was voted to carry, without dues, the nurses in the service of their country; and also that a service flag should be purchased. There are at present seven stars to represent this district. After the business meeting Mr. C. F. Conant gave an address on the subject of the Third Liberty Loan; Mrs. John M. Eshleman spoke on state aid for orphan children; and Miss Nadine Crump told of the 75 classes, in various courses, with an enrollment of 1000 pupils, which have been established in Los Angeles in connection with the university extension course.

The meeting of the American Public Health Association will be held in Chicago October 14 to 17, 1918. The central theme of the meeting will be "The Health of the Civil Population in War Time."

A Public Health council has been formed in Cincinnati, by means of which it is hoped to make much more rapid progress in public health work than would be possible if all the sixty agencies represented on the council were to continue to work independently of each other. The objects of the council, as set forth in the constitution, are: (1) "To co-ordinate public health activities of public and private agencies in Cincinnati; (2) To serve as a forum for frank discussion of health problems, policies and plans; (3) To develop new and to improve present standards of service through the study of special problems; (4) To secure the active support of the general membership of the member agencies of the council for the measures agreed upon by the council."

Extensive programs have already been drawn up by the divisional councils on the following subjects: Tuberculosis; Hospitals; Mental Hygiene; Social Hygiene; Housing; Recreation; Medical Relief; Waste; Nursing; Industrial Health; Child Hygiene; and the council as a whole is undertaking to (1) Organize and advertise a general course of lectures and exhibits on public health subjects to be given throughout the city; (2) To request the United States Public Health Service to study the relation of the diseases for which soldiers or draftees are rejected, to occupation, color, age, income, etc., and ward distribution, and to publish a report upon each city in the United States.

To protect the health of workers and others in this country at a time when the labor of every man possible is needed, Secretary McAdoo has directed that the United States Public Health Service give anti-typhoid inoculations without charge to all who apply to any of its hospitals or field offices. Many of these offices are located in zones surrounding the military cantonments. The prevention of typhoid fever in these zones is one of the greatest steps toward preventing the interchange of disease between the military and civil populations. In Little Rock alone, more than 15,000 civilians have been inoculated by the Public Health Service against typhoid fever.

The Editors of the PUBLIC HEALTH NURSE QUARTERLY some while ago prepared two public health nursing lantern slide exhibits of general interest and educational value. The first exhibit, consisting of sixty slides, gives a general view of the work of the public health nurse, showing the kinds of homes she visits and the patients for whom she cares, including maternity, baby, school, tuberculosis, factory cases, etc. The second exhibit, also containing sixty slides, pictures the nurse in child welfare work, including maternity, infant welfare, the child from two to six, school nursing, etc.

Applications for the use of these slides have, up to the present, been received at the office of the QUARTERLY; for the future, however, all inquiries should be addressed to The Librarian, National Organization for Public Health Nursing, 156 Fifth Avenue, New York City.

The health of the enlisted man and his care before and after an engagement are not the only obligations of the army nurse. There is another army, a most important army of 20,000 civilians employed in Government offices in Washington, D. C. So that there may be no loss through lagging caused by ill health, an army dispensary has been opened for them alone. Here Miss I. L. Strong directs the work of twenty-four army nurses serving as district nurses. They average from sixty to seventy home visits a day and assist in the care of an average of 243 civilian visitors at the dispensary daily.

Miss Strong begins her explanation of her work by pointing to a wall map of Washington, D. C. On its surface fifteen scarlet headed pins indicate fifteen "emergency rooms" in executive buildings.

"Every emergency room is a miniature dispensary in charge of an army nurse," she says, "such a station has three rooms, one for first aid, one for dressings and another with beds where temporary care may be given."

Any civilian employee is entitled in the event of injury or illness to go at once to the "emergency room." Whatever the case is, an attack of appendicitis or a wrenched ankle, an aching head or tooth, attention is given. The nurse telephones to the Army Dispensary for a doctor. If the illness is one requiring hospital care such arrangements are made. If the person needs only the removal to his or her home, an appeal for motor transportation is made to the Motor Corps of the Red Cross. An army nurse is detailed to accompany the patient. Miss Strong says:

It was not intended that the nurses should do police work, but inadvertently cases have been discovered where people stayed home with such slight ailments that they might have been at their desks. All absentees are reported daily from the departments to this dispensary. The nurses go at once to discover what the trouble may be. One purpose of this visiting system is to discover and isolate any infectious or contagious diseases at once. The prevention of epidemics is important to civilian health and to the health of the men in camps. On one occasion we found two girls rooming together. One was going to her office and the other who was ill was suffering from measles. Both girls were ignorant of the condition. If a nurse had not arrived in time, the contagion might have been spread through an entire office force resulting in a great loss of efficiency.

"We have declared war on disease, the Kaiser's Ally!" and "Our fathers fight to save your lives. You work to save ours," were the

slogans carried in a Cleveland parade of 3,000 children from the Social Unit district to promote interest in the "Children's Year."

The Social Unit Organization, which is an experiment in neighborhood coöperation, gives the following account of its method of dealing with child conservation during war times:

Under the unit plan each of the 31 blocks of the district has a "block mother" elected by the people of her block to represent their interests and voice their needs. These "block mothers" form the "Citizens' Council" or lower house of the community administration. What corresponds to the upper house is called the "Occupational Council" and is made up of skilled groups—business men, ministers, trade-union representatives, teachers, physicians, acting through councils and executives democratically elected from their number. Thus the skill of the community is mobilized in the upper house and is put at the disposal of the community through the lower house.

The work of the "Children's Year" is in charge of the Medical Council of the occupational group. It is made up of 9 physicians elected by the 36 doctors who practice in the district, with an executive, in coöperation with a nurses' council, on which sit all the nurses of the district, under whatever agency they may be operating. This council first ascertained how many children of pre-school age there were in the district through a census taken by the "block mothers." A thousand children were registered in about 10 days. The "block mothers" prove their value in spreading a propaganda about the health station in a neighborly way among the little population which they represent. Through them there is a movement on foot to organize on a block basis district-wide conferences of mothers for class instruction by members of the Medical Council.

The National Association for the Study and Prevention of Tuberculosis announces that the name of the association has been changed to National Tuberculosis Association. The new address of the association will be 381 Fourth Avenue, New York City.

A most successful Children's Week was held in Minneapolis beginning May 13. The Infant Welfare Society placed an exhibit in one of the stores and the Food Administration carried on a vigorous milk campaign. Some very interesting exhibits and clinics were held under the auspices of the College Women's Club, two days were devoted to the blind, two for the deaf and dumb, and two for crippled children; the nurses of the Visiting Nurse Association gave assistance in this. The Dental Society also had very good clinics in another store.

The Anti-Tuberculosis Society and the Visiting Nurse Association had exhibits together; and in addition there was a morning and evening program, lantern slides and speeches. The attendance was very good. The window prepared by the Visiting Nurse Association was said to be the best one in the group; on one side was shown a battle field with soldiers in trenches and in various other positions; on the other side was a

model village, with open air porches and a child sleeping in one of them, playgrounds and a small tent showing out-of-door work for the children in summer; on the one side was a sign "Fight the Germans," on the other side "Fight the Germs." Weighing and measuring was carried on in all the schools during the week, and this will be continued. It is expected to have traveling exhibits round the city.

The Department of State has been advised by the American Red Cross that at a meeting of the joint war committee of the British Red Cross and the Order of St. John, in London, a motion was made that the committee offer the American Red Cross a fully equipped hospital of 500 beds, which by permission of His Majesty King George V, would be erected in Windsor Great Park. It was stated that the joint war committee, in asking the American Red Cross to accept this gift, stated that it desired to mark its admiration of the devoted work which the American Red Cross performs for the cause of humanity and at the same time its gratitude for the warm-hearted coöperation which the American Red Cross extended to the British joint war committee in Red Cross effort common to both nations.

The American Red Cross commissioner to Great Britain, William Endicott, gratefully accepted the gift and subsequently Henry P. Davison, chairman of the war council of the American Red Cross, telegraphed as follows:

The action of the British Red Cross and the Order of St. John in offering to the American Red Cross a fully equipped hospital of 500 beds to be located in Windsor Great Park is received with profound gratitude and appreciation. The fact that the English people want to make such provision for the care of sick and wounded American soldiers, and that such hospitality is to be extended to them in the delightful country estate of your King, will prove another means of cementing the ties of friendship and sympathy between the two peoples. Will you please be kind enough to convey to His Majesty an expression of the appreciation of the American Red Cross for his gracious act? No country whose people are so thoughtful and generous as to provide such care for American soldiers and sailors can be considered as really a foreign land.

It gives us great pleasure to be able to announce that the Honorary Degree of Master of Arts was conferred on Miss Mary S. Gardner by Brown University, on May 29 last.

Of the nine honorary degrees conferred by Brown University at its annual commencement this year Miss Gardner was the only woman to receive one. President Faunce, in conferring the degree, spoke as follows:

Mary Sewall Gardner, pioneer in making the care of the sick an honored profession, Superintendent of the Providence District Nursing Association, director of public health under the Red Cross, a gentlewoman whose writings and whose example have brought us healing of the body and inspiration of the spirit.

As most of our readers know, Miss Gardner who is now director of the Red Cross Town and Country Nursing Service, was President of the National Organization for Public Health Nursing from 1913 to 1916, and is still one of its directors. She is the author of *Public Health Nursing*, the only book exactly covering this field and one of the most important contributions to the literature of nursing. She is also one of the Contributing Editors of the *QUARTERLY* and has written many valuable articles for its pages.

In order to advise nurses regarding the courses in public health work available in different parts of the country, it is of the utmost importance that the Educational Secretary should be notified of any new course that is being planned or offered. You will be doing a great service if you will notify Mrs. Bessie Amerman Haasis, 156 Fifth Avenue, New York City, of any new course you hear of.

OBITUARY NOTICE

The public health nursing field has suffered a great loss through the death of Miss Curry Desha Breckinridge, a 1908 graduate from the Presbyterian Hospital in Chicago. Miss Breckinridge was one of the first Chicago nurses to go to the European battle front, and her death from endocarditis developed while she was learning anaesthesia at Lakeside Hospital, Cleveland, was attributable to her exertions during twenty-seven months of service in France.

One who knew Miss Breckinridge intimately pays the following tribute to her:

If ever a nurse died in the service she did. She gave up her work as a kindergarten and went into nursing because she felt she could be more useful; and wherever she went she was a pioneer, enthusiastic, impulsive, energetic, rather tense. Perhaps her most marked characteristic was her earnestness—she felt that patients simply must get well, that communities simply must do their full duty, and she usually carried people along with her, even when they found it hard to agree with everything she said, because she was so tremendously sincere and earnest herself. She was always willing to take a subordinate position, provided she could work hard in it. She did not, perhaps, have some of the qualities of a good executive, for detail and red tape irritated her; but the genuine sweetness which she displayed whenever she was expected to take a second place, when her work, training and education might have pointed her out to be given the first, was a very real quality.

The funeral services, held in the Presbyterian Hospital, where for eleven weeks she was a patient before her death, were very impressive. The big classroom at the Nurses' Home was filled with nurses and many of the most prominent social workers in Chicago, for Miss Breckinridge had lived at three settlements and was very well known by everybody. The casket was draped with the American Flag and the Red Cross Service Flag of the Presbyterian Hospital, and although the services were on Sunday there were a great many flowers. Dr. William Chalmers Covert, pastor of the First Presbyterian Church spoke simply and briefly; and then Miss Jane Addams spoke from her personal experience of Miss Breckinridge and her knowledge of her work. Her name is first on the long honor roll of Presbyterian Hospital nurses who are serving in the army or under the Red Cross, and it seems singularly fitting that these first services should have been held at her own school. The burial took place on June 25, in Lexington, Ky., with services from the Cathedral.

BOOK REVIEWS AND BIBLIOGRAPHY

STANDARD CURRICULUM FOR SCHOOLS OF NURSING. By Committee on Education of the National League of Nursing Education, M. Adelaide Nutting, Chairman, Teachers College, New York City. The Waverly Press, Baltimore. Price \$1.00.

The Standard Curriculum for Schools of Nursing prepared by the Committee on Education of the National League of Nursing Education is of special interest to public health nurses, as it has provided a background for their work which has heretofore been lacking.

The committee represents all fields of nursing and is composed of women who are the highest authorities on nursing education. Their purpose has been to present a workable standard which could be adopted by schools of good standing throughout the country. Particular emphasis has been placed upon the theoretical foundation as a basis for good practical work, upon the preventive and educational factors so necessary in all forms of public health work and on the necessity for a broader training for teachers and executives.

During the first year of her course the student is brought in contact with the social aspect of nursing, visiting the homes of patients with the social worker or visiting nurse; at the same time receiving theoretical instructions in the relation of nursing and hospital work to the community and family welfare, in hospital problems and the influence of social and economic conditions upon childhood and adult life.

The third year requires a course in the study of modern and social conditions, which includes such subjects as poverty, philanthropy, delinquency, crime, social hygiene, modern industry, race problems, agencies, methods of relief, etc. Elective courses of four months may be taken as preparatory for specialization in public health nursing, institutional management, contagious or mental nursing, etc. Those taking the public health course will have practical experience in the social service department of the hospital or with an affiliated visiting nurse association. This will be supplemented by theoretical work in economic problems of the industrial family. The student will be taught how to give advice and assistance to mothers in making family budget, in cost and selection of food and clothing, also household management and thrift.

It is hoped that all schools of nursing not having adopted these courses, so essential for nurses going into the public health field, will hasten to provide the necessary facilities for giving them.

C. A. W.

THE MODERN MILK PROBLEM. By J. Scott MacNutt. 1917. The Macmillan Company, 66 Fifth Avenue, New York. Price, \$2.00.

The entire country faces no problem of more vital concern than the modern milk problem. War conditions force us to a careful analysis of all the complex factors. There is no question as to the high nutritive value of milk and its products. Even at the present high prices milk is one of the most economical of foods.

Under present conditions of civilized life milk is absolutely essential for infants and growing children. It is highly desirable as a part of the ration of adults. It is necessary therefore not only to safeguard the milk supply from a sanitary standpoint, but to assure an adequate supply for the children of the community at a price which is not prohibitive.

In his new book MacNutt sets forth clearly in very readable form the various sanitary, economic and agricultural factors entering into the modern milk problem. His attempts to simplify the problem by brief sketches of some of the factors are not entirely satisfactory for one who wishes to get to the bottom of the most perplexing phases of it. The book must be looked upon more as a bird's-eye, popular presentation than as an exhaustive treatment of the subject. His solution of the problem is stated as a number of theorems to be proved rather than as offering anything new or final.

At the present time the economic phase of the problem is uppermost. There have been a number of recent investigations of the cost of production and distribution in our large cities. The problem of distribution is one which is difficult to meet. MacNutt gives some suggestions for its solution. He approaches cautiously the complete municipalization of the distribution.

The book is well worth reading by one who wishes to obtain a general view of the subject. A convenient, but limited list of references is given. In the Appendix a valuable lot of material has been condensed ready for reference. The North System of milk production and handling is presented and recommended highly as a practical solution of the problem.

R. A. B.

NURSES HANDBOOK OF DRUGS AND SOLUTIONS. By Julia C. Stimson, R.N. Whitcomb and Barrows, Boston.

This revised edition of Miss Stimson's book is *materia medica* reduced to its simplest—if, indeed, any *materia medica* can, by those who struggle with its intricacies, ever be considered simple.

In arrangement it is somewhat different to our old friends, but could be one of those "handy" books nurses would find useful in an ambulatory library. It contains a short chapter on antitoxins, vaccines and sera.

A. M. C.

SURGICAL NURSING IN WAR. By Elizabeth R. Bundy, M.D. P. Blakiston's Son and Company, Philadelphia. Price, 75 cents.

From the surgical literature of the Great War published in books and periodicals, Dr. Bundy has collected a series of lessons and methods especially for nurses. Suggestions are included that have been received from those in service at the front. That there can be as yet no "last word" Dr. Bundy emphasizes, but she has performed a valuable service in putting together in compact and easily assimilable form the essential facts and lessons already learned as to surgical treatment of the wounded.

The great responsibilities that will fall upon the nurse are placed before her and, in a few words, the need for every resource of skill, experience, a steady head and an alert intelligence.

The treatment of shock and hemorrhage, the antiseptics, mechanical appliances, surgical dressings are taken up. The Carrel-Dakin treatment is explained and illustrated. Chapters are devoted to the groups of injuries and to other conditions incident to warfare. A profitable book for all nurses to study.

A. M. C.

THE MASTERY OF NERVOUSNESS. BASED UPON SELF-REEDUCATION. By Robert S. Carroll, M.D., Medical Director, Highland Hospital, Asheville, North Carolina. New York, 1917, The Macmillan Company. Price, \$2.00.

Dr. Carroll has been helping those mentally and nervously sick for a number of years, and has accumulated a valuable store of knowledge of the best methods of overcoming such conditions. In the above book he presents these in a very readable way and probably every one will have gained something from a perusal of it. "The Problem," as he states it, is that "the modern man of today is facing for himself or his children the problem of nervous adjustment—that problem which is becoming more complicated each decade. In the complexity and in-

tensity of modern life, this question is more and more frequently presented to the individual: 'Shall I lower my standards, shall I surrender in whole or in part; or shall I select wisely and train for mastery?' That the latter decision is possible for the majority of serious-minded men and women is the sole reason for the following pages."

A list of the chapter headings will probably give a better idea of the scope of the book than any description. There are twenty-three chapters upon, The Age of Nervousness; What is Nervousness; Types of Nervousness; Getting Ready to be Nervous; Eating Errors; The Penalty of Inactivity; Eating for Efficiency; Work, Play; Tangled Thoughts; Emotional Tyranny; Ills and Our Wills; Clear Thinking; Moulding the Emotions; Willing Wills; Our Moral Selves; Rebellion; Surrender; Discord with Self; Sublimation of Strife; The Fulfillment of Self; and Harmony. By nervousness Dr. Carroll means those conditions of disorder of the nervous mechanism which cause a maladjustment of the individual with his environment. He believes that physical disorders play a large part in the production of nervousness, but that mind is chiefly at fault. It may be said that the book is intended to serve the individual as a help in ordering his own mental hygiene. It is well and forcefully written and will undoubtedly prove a help to those neurotic persons who have not learned how to adjust themselves to present living conditions. Some perhaps may feel that there is a lack of specificity and that the book is too general in tone. It is undoubtedly difficult, in fact impossible, to give the same directions to a group that one does to an individual, and the reader should remember that he is one of a group and the book is not intended solely for himself. Books such as this are a valuable aid to the physician who is caring for neurotic patients, as they save considerable time by giving advice and directions which it is impossible to impart to each individual patient. After reading the book the patient and physician can discuss certain questions more readily, because the patient will have a better understanding of himself and of the physician's aims. It may also be recommended for anyone desirous of increasing his mental efficiency by acquiring a sound philosophy of living.

W. R. D.

THE PRINCIPLES OF MENTAL HYGIENE. By William A. White, M.D.
With an introduction by Smith Ely Jelliffe, M.D., Ph.D. New
York, 1917, The Macmillan Company.

Dr. White is one of the foremost exponents of psycho-analysis, in America, is one of the most able of living psychiatrists, and is Superintendent of the Government Hospital at Washington, now known by

its older name of St. Elizabeth's. It is naturally to be expected that such a man would produce a valuable book upon any subject upon which he would feel impelled to write, and in the present instance we are not disappointed. It is unfortunate, however, by reason of what must be careless proofreading, that the clearness of statement which is so characteristic of Dr. White's writings is frequently marred by awkward phrases, probably due to a lack of punctuation, or unusual words which give the impression that a different meaning is intended. As a few examples: "adequate police authority provided for to enforce them." "The treatment of such a condition by causing the disagreeable sensation in the arm to disappear by suggestion on the theory that that is the disease can at once be seen to be entirely inadequate to the situation." "In this progress from the simplest group to the more complex with the contemporaneous conflict between the individual interest and the interests of the herd man feels first and acts upon impulse and as a result of emotion long before he learns to think with the use of clear cut ideas and carefully checked up judgments." As may be seen from the above, it is sometimes necessary to pause in order that we may be positive of the meaning which is intended. Despite the apparent hasty preparation of the book there is a tremendous lot of good stuff in it and it should be read by everyone, for everyone is concerned with bettering his condition, adapting himself to his daily life, and promoting social improvement. The subjects considered are of a wide range, from insanity and the criminal to patent medicines and fads. The majority of our social troubles are due to maladjustment and Dr. White shows very plainly that the dominant motive in human conduct comes from the *instinct for the familiar—the safety motive*. It is impossible to give an adequate description of the book in a brief review. The reviewer believes that it is a most notable contribution to the popularizing of mental hygiene and that it will have a tremendous influence for good.

W. R. D.

LIBRARY DEPARTMENT

IN CHARGE OF FRANCES YOUNG, LIBRARIAN
156 Fifth Ave., New York, N. Y.

With all the material written, all the statistics compiled and all the facts to show the need for public health work, it would be repeating what has been already said to emphasize the necessity for greater public health measures on a larger scale than ever before. It is imperative for the maintenance and continuance of our national life to safeguard the health of our mothers, children and industrial workers.

The elimination of such a large percentage of men because of physical unfitness, in the drafting of our national army; the knowledge that 75 per cent of our school children have defects; the infant and maternity mortality statistics, may seem discouraging to those workers who have been so untiring in their efforts to improve the public health, but the silver lining to this particular cloud is the publicity given to the necessity for public health work. Half the battle of getting communities interested in the need for public health supervision to the point of providing adequate means for such work, has thus been won. To follow up and clinch this interest and enlightenment regarding health is the rare opportunity of every health and social worker.

The public health nurse, particularly, will want to keep up with the latest word on her work, and she will want help in knowing how to present a problem to the people among whom and with whom she works. It is to this end that the National Organization for Public Health Nursing has established a package library to enable the nurse in even the most remote hamlet to know how other communities are meeting and answering their problems, and to help her with hers.

The library is maintained free of charge, except for return postage, to all members; and you have only to state your problem by telephone or in writing to the librarian, and she will do her utmost to provide you with the latest and best material on your subject.

The library will contain pamphlets and clippings on all sides of public health of special interest to public health nurses.

It is absolutely necessary today to keep up with your profession, and as your time is, and will be even more, taken up with your arduous duties, don't waste time hunting for material, come to us.

If you want lists of books or pamphlets, write the librarian who has been appointed to help place in your hands the answer to your many knotty problems.

We also want you as contributors to the library—will you send us any pictures, reports or newspaper clippings from your town that you think will interest other public health workers?

We have pamphlets or clippings, or both, on the following:

- Blindness, Prevention of
- Cancer
- Contagious Diseases
- Exhibits—who has them and where to get them
- Feeble-mindedness
- Food:
 - Food Conservation
 - Dietetics
- Health Insurance
- Housing Problem
- Industrial Welfare
- Industrial Welfare Nursing
- Infant Welfare
- Legislation (Public Health)
- Medical school inspection
- Mental Hygiene
- Midwifery
- National Organization for Public Health Nursing
- Obstetrics
- Occupational hygiene
- Pellagra
- Personal Hygiene
- Pregnancy
- Public Health (General)
- Public Health Nursing—including organization and administration of associations
- Sanitation
- School hygiene
- Social hygiene
- Tuberculosis
- Typhoid
- Venereal diseases
- War work:
 - Red Cross
 - Reéducation of soldiers and sailors
 - Civilian relief, etc.